



2022-2023 IMPACT SPORTS ACADEMY, LLC APPLICATION FOR FINANCIAL ASSISTANCE

Our goal at Impact Sports Academy (Impact) is to offer competitive level volleyball for players who are ready. We offer financial assistance to athletes who would otherwise not be able to play due to costs. Please be aware that there are other expenses including but not limited to the USAV/OVR Membership (\$67), travel costs (varies per level), and spirit wear (optional) which would be in addition to the club fees and would not be covered by any financial assistance provided by Impact. Various fundraisers are available to offset these costs if you would like to participate.

To ensure that the players are serious about wanting to play and that financial need is a factor, we request the following for us to consider your application.

All information provided is kept strictly confidential.

APPLICATION CRITERIA

1. Essay completed by the athlete.
 - Please write an essay telling us about how playing sports has affected your life, what you do outside of sports and if selected for a team, what you will offer besides volleyball skills.
 - The essay can be typed, but neatly written is perfect.
 - When writing your essay please be as detailed as possible to help us determine our recipients.
2. The applicant's family must demonstrate the need for financial assistance. Please upload the following:
 - Last year's tax return (for both parents if filed separately). **Please white out your social security numbers.**
 - If desired, a letter can be submitted explaining any extenuating circumstances that are not indicated by the tax information.
3. Letter of Recommendation from a non-family member regarding player's character and work ethic, preferably from a coach, teacher or employer. We want to know what kind of person you are, not necessarily your skill level. Upload below or it can be emailed directly to impactsportsacademy.oh@gmail.com by the person making the recommendation.
4. All components of the application must be received prior to your scheduled tryout date.
5. Attend tryouts and make a team at Impact Sports Academy.



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Please Print Clearly

Applicant's Name: _____ Application Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Parent's Email: _____

School: _____ Player's Grade _____

Check List:

- Essay from Player
- Tax Return for Parent(s) (both parents if filing separately) with Social Security Number Whited Out
- Optional letter explaining any extenuating circumstances
- Letter of Recommendation – This can be submitted independently to impactsportsacademy.oh@gmail.com

Parent Name: _____

By signing below, I am confirming that the information provided is true and accurate, and that without financial assistance my child would not be able to play club volleyball. I also understand that financial assistance from Impact Sports Academy is for club fees and does not cover USAV/OVR Membership or travel expenses.

Parent Signature: _____

Please send or email your application and essay to:

Impact Sports Academy, LLC
PO BOX 164
Akron, Ohio 44278
Impactsportsacademy.oh@gmail.com

All information provided will be kept strictly confidential.