

**Golden Bear Volleyball Club
2016-17 Opportunity Fund Application**

**email application to Shelby:
shelbysalonga@gmail.com**

Player's Name _____ TEAM _____
Parent's Names _____
Parent's Emails _____
Daytime Phone _____

1. Please list all household residents and relationship to player.
2. If a parent lives in a separate household, please list that household's residents.
3. What was the player's parents' adjusted gross income for 2015 (from tax return)?
4. Please list all sources of household income (Social Security, Disability, Child Support, etc.)
5. If you are not able to meet the standard payment (see attached chart), use this space to explain why your situation is exceptional.

For all the above, please use additional sheets as needed. Please attach a copy of the 2014 Federal tax return for each parent. Social Security numbers may be redacted.

**Golden Bear Volleyball Club
Opportunity Fund Agreement**

I, _____, am the parent/guardian of _____.

In the event the approval for your application is delayed, the credit card you list on this form will be charged the amount of the deposit (unless payment was previously submitted by cash or check) on the listed date. Your credit card will also be charged the amount you listed starting on December 1. If the approved amount is less than the amount you submitted, the remaining monthly installment payments will be adjusted. If the approved amount is more than the amount you submitted, the difference will be charged immediately to get your account current.

- A. I agree to make a deposit of \$ _____ on 11/14/16. _____ (initial)
- B. I authorize the use of the credit/debit card below for this deposit. _____ (initial)
(Optional: you may pay the deposit amount by cash or check).
- C. I authorize Golden Bear Volleyball Club to automatically bill the card listed below for the specific amount of \$ _____ per month starting on December 1, 2016 with the final payment on October 1, 2017. This represents the maximum our budget will allow.

Card number: _____ Exp: _____

Credit Card Security Code: _____

Cardholder's name: _____

Billing address: _____

Signature: _____

- D. Our family will participate in club fundraisers to the best of our ability but no less than detailed below. This is mandatory.

A's Game Set-up/Clean-up (June/July TBD 2017) _____ (initial)
A's Game Ticket Sales (min. of 10 tickets) _____ (initial)

- E. We will seek out donors. _____ (initial)

Parent/guardian: _____ Date: _____

Club Approval: _____ Date: _____