

The Fog Club Volleyball Scholarship Application Form

Name: _____

Male: _____ Female: _____ Date of Birth _____

Fog team trying out for (please circle): U13 U14 U15 U16 U17 U18

Amount of Scholarship applied for: _____

Address: _____ Postal Code _____

City: _____ Phone number _____

Email: _____

School: _____

Height: _____ Weight: _____ Block Jump (if known): _____ Spike Jump: _____

Volleyball Background (Please list all volleyball teams that you have played for and awards that you have won. Please list Provincial team or National team experience. Use separate sheet if necessary)

Goals (Please list your goals in volleyball)

Please list any other relevant information including recommendations from coaches on a separate sheet.

Applications can be returned

by mail to:
The Fog Club Volleyball Scholarships
8559-89 street
Edmonton, Alberta, T6C3K4

or by fax to:
The Fog Club Volleyball Scholarships
780-492-6826

or by email to: gtokarsky@hotmail.com