

## 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)

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Goals (Please list your goals in volleyball)

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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](mailto:gtokarsky@hotmail.com)