



One Herron Ave, Suite 100  
Emsworth, PA 15202  
412-415-3283

**Financial Assistance Application  
2024 -2025 Travel Season**

**Date Received:** \_\_\_\_\_

Please complete the following application to be considered for Financial Assistance. The information that you submit to Pittsburgh Elite in connection with this application, including any supplemental documentation, will be kept strictly confidential and only disseminated to individuals on a need-to-know basis. If necessary, you may attach an additional sheet of paper to further explain any information requested below.

**Past seasons accounts must be current, satisfied and paid in full to qualify for Financial Assistance.**

The completed application along with supplemental documentation is due November 15, 2024, which means that Pittsburgh Elite must have received all information by the deadline. Pittsburgh Elite will not accept emailed applications. Applications may be mailed or delivered to the facility.

**Demographics**

Athlete(s)

Name(s): \_\_\_\_\_ Age Group/Team: \_\_\_\_\_

School(s): \_\_\_\_\_

Primary Address: \_\_\_\_\_

With whom do(es) the athlete(s) primarily reside? \_\_\_\_\_

List all the adults that reside in the athlete's household: \_\_\_\_\_

How many children reside in the household including the athlete(s)? 1 2 3 4 5+

Who is responsible for the payment of tuition fees and travel costs? \_\_\_\_\_

What is his/her relationship to the athlete? \_\_\_\_\_

**Parent/Guardian 1**

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Financial Assistance is based on demonstrated financial need, past fundraising participation, and dedication to furthering the Pittsburgh Elite mission. Financial Assistance is decided by an independent committee not associated with the tryout process. Pittsburgh Elite does not discriminate based on race, color, religion, creed, sex, sexual orientation, gender identity, national origin, ancestry, age, veteran status, unrelated disability, genetic information, military service, or other protected status.*



One Herron Ave, Suite 100  
Emsworth, PA 15202  
412-415-3283

### Demographics Continued:

Athletes(s) Name(s): \_\_\_\_\_

Additional Parent/Guardian

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Parent/Guardian

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Parent/Guardian

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Application

Please provide the reason(s) you are applying for Financial Assistance.

---

---

---

---

*Financial Assistance is based on demonstrated financial need, past fundraising participation, and dedication to furthering the Pittsburgh Elite mission. Financial Assistance is decided by an independent committee not associated with the tryout process. Pittsburgh Elite does not discriminate based on race, color, religion, creed, sex, sexual orientation, gender identity, national origin, ancestry, age, veteran status, unrelated disability, genetic information, military service, or other protected status.*



One Herron Ave, Suite 100  
Emsworth, PA 15202  
412-415-3283

### Financial Information

Do you currently receive state assistance or food stamps? YES NO

*If yes, please attach documentation.*

Do(es) the athlete(s) currently receive reduced or free lunches from school? YES NO

*If yes, please attach documentation.*

Do you/do(es) the athlete(s) currently receive other assistance from any federal, state, local, or private entity?

YES NO

*If yes, please list and attach documentation:* \_\_\_\_\_

Do you have investment accounts and/or retirement accounts? YES NO

*If yes, please provide the current balance and attach documentation:* \_\_\_\_\_

Please provide information regarding your income below:

2022 Adjusted Gross Income<sup>1</sup> for the family: \_\_\_\_\_

2023 pay(wages) by all household adults: \_\_\_\_\_

Do you receive income from another source (rental property, investment, child support etc.)? YES NO

*If yes, please provide total income from sources other than wages:* \_\_\_\_\_

### History

Please list athlete'(s) previous participation in Pittsburgh Elite programs (include travel teams, camps, clinics, and other activities along with dates)

---

---

Does the athlete have a sibling who has previously participated with Pittsburgh Elite? YES NO

*If yes, please provide the siblings name along with names and dates of programs in which the sibling participated:*

---

---

Have you previously applied for Financial Assistance with Pittsburgh Elite? YES NO

*If yes, please list when and amount received:* \_\_\_\_\_

**Past seasons accounts must be current, satisfied and paid in full to qualify for Financial Assistance.**

Is your Pittsburgh Elite account up to date? YES NO



One Herron Ave, Suite 100  
Emsworth, PA 15202  
412-415-3283

---

**IMPORTANT. PLEASE COMPLETE IN DETAIL**

**Total Dues due for 2024-25 travel season:** \_\_\_\_\_

**Please tell us a specific dollar amount of Financial Assistance you are seeking:** \_\_\_\_\_

During the 2023-24 season, did you participate in any Pittsburgh Elite fundraising opportunities? YES NO  
(Aramark or additional calendars):

If yes, please give a brief description of which fundraisers and the duration of your involvement:

---

---

---

Are you willing and able to participate in fundraising? YES NO

If unable to participate in fundraising opportunities, please explain why:

---

---

Does the athlete participate in other club/travel athletics or other non-athletic clubs or activities? YES NO

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

**Required Documentation**

The following documentation must be submitted to process your application.

*Information that you submit to Pittsburgh Elite in connection with this application, including any supplemental documentation, will be kept strictly confidential and only disseminated to individuals on a need-to-know basis.*

- ☐ Provide a copy of your 2023 tax return showing your AGI listed above.
- ☐ Provide 2 copies of the most recent pay stubs from all adults in the household.
- ☐ Provide a copy of your most recent bank statement. You may black out all transaction and information other than your name and ending balance.
- ☐ If state assistance or food stamps are received, please provide an approved application or other documentation verifying assistance received.
- ☐ If there is a medical disability, or similar consideration, please provide documentation of such.
- ☐ You may submit any other information that supports your application.
- ☐ **Any outstanding balances due to Pittsburgh Elite Volleyball Association must be paid in full at the time of Application for Financial Assistance.**

---

*Financial Assistance is based on demonstrated financial need, past fundraising participation, and dedication to furthering the Pittsburgh Elite mission. Financial Assistance is decided by an independent committee not associated with the tryout process. Pittsburgh Elite does not discriminate based on race, color, religion, creed, sex, sexual orientation, gender identity, national origin, ancestry, age, veteran status, unrelated disability, genetic information, military service, or other protected status.*



One Herron Ave, Suite 100  
Emsworth, PA 15202  
412-415-3283

### Process, Deadlines, and Timeline

Financial Assistance is based on the review and recommendation of an independent committee. The information that you submit to Pittsburgh Elite in connection with this application, including any supplemental documentation, will be kept strictly confidential and only disseminated to individuals on a need-to-know basis. To be considered for Financial Assistance, all information, including supplemental information, must be received by Pittsburgh Elite by November 15, 2024. Applicants will be notified of their Financial Assistance status concurrent with receipt of an offer for a travel team for the 2024-2025 season.

Applicants not receiving initial Financial Assistance may later receive such funds if they become available.

Exceptional situations- if an exceptional situation arises after the November 15, 2024 deadline, applicants may submit their application in full for Financial Assistance to be reviewed by the committee on a rolling basis. Any assistance given to applications submitted after the November 15, 2024 deadline will be based on the availability of funds and the committee's determination of need as subject to the same criteria as applications received prior to November 15, 2024.

Please mail all application materials to.  
Pittsburgh Elite Volleyball Association  
Attention: **Financial Assistance Committee**  
One Herron Avenue, Suite 100  
Emsworth, PA 15202

Applications may also be submitted in person to Pittsburgh Elite Volleyball Association at the following times.  
Please secure the application in a sealed envelope. Sundays 11:00 PM – 3:00 PM  
Wednesdays 6:00 PM – 7:30 PM  
Thursdays 6:00 PM – 7:30 PM  
Saturdays 9:00 AM – 11:00 AM

### Parent Agreement

I have read and understand the Apply for Financial Assistance information that is attached to this application. Please secure the application in a sealed envelope. The information on the above application and submitted documentation is accurate to the best of my knowledge. I understand that applying for Financial Assistance does not guarantee I will receive assistance. I understand if I receive Financial Assistance, I am responsible for paying any balance not covered by the Financial Assistance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_