



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

**Financial Assistance Application
2025 -2026 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, 2025, 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.



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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 you are applying for Financial Assistance.

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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:

2024 Adjusted Gross Income¹ for the family: _____

2025 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 the 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: _____

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Is your Pittsburgh Elite account up to date? YES NO



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IMPORTANT. PLEASE COMPLETE IN DETAIL

Total Dues due for 2025-26 travel season: _____

Please tell us a specific dollar amount of Financial Assistance you are seeking: _____

During the 2024-25 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 2024 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 transactions 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.**

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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, 2025. Applicants will be notified of their Financial Assistance status concurrent with receipt of an offer for a travel team for the 2025-2026 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, 2025 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, 2025 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, 2025.

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
Attention: **Financial Assistance Committee**. Please secure the application in a **sealed envelope**.

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: _____