

## Ohio High School Boys Volleyball Association

### Grant Program Proposal

The *OHSBVA Grant Program* is intended to provide an incentive and financial support to schools interested in starting a varsity boys' volleyball team. The funds are provided from the general OHSBVA account. The funding from the grants is expected to be used to assist the school in starting a new program. The funding will be provided for a single year and the school must apply annually to receive funding for multiple years. The maximum number of years that a school may be awarded funding is three years. The funds are intended to be used by the individual school in any manner that promotes and supports the creation and operation of a boys' varsity volleyball team within their school. The application, selection, and compliance process of the grant will be overseen by OHSBVA Expansion Committee.

A new program is defined as any high school that has not had a boys volleyball team for the previous five (5) years.

Funds will be payable to the school's athletic department and not to individual representatives of the boys' volleyball program.

The grant will consist of \$1,000 for the first year of competition and \$500 for each subsequent year (for a total of three years maximum).

New programs will have the membership dues to OHSBVA and OSBVCA waived for year one.

Application Deadline is Jan. 15<sup>th</sup> 2020

Subsequent renewal application Deadlines will be on Dec. 15<sup>th</sup>

# Ohio High School Boys Volleyball Association

## Grant Program Application

School Name \_\_\_\_\_  
School Address \_\_\_\_\_

\_\_\_\_\_  
School District \_\_\_\_\_  
School Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Athletic Director \_\_\_\_\_

AD E-mail address \_\_\_\_\_  
AD phone \_\_\_\_\_  
Conference/Division \_\_\_\_\_

**On a separate sheet, please list all conferences to which your school belongs and list the member schools.**

**Please also indicate which schools within the conference have existing or proposed boys' volleyball teams.**

Coach (if known) \_\_\_\_\_

Coach E-mail \_\_\_\_\_ Coach phone \_\_\_\_\_  
Has your school sponsored a boys' volleyball team in the past? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", what years? \_\_\_\_\_

Your signed application verifies your agreement to do the following:

Provide accurate information to all questions on this application.

Sponsor boys' volleyball as an interscholastic sport for a minimum of three consecutive years. Send OHSBVA an annual report including:

- \_ A brief written review of the season
- \_ A roster of the team including email addresses and coaches
- \_ A season schedule
- \_ Video/DVD or electronic photographs of season play

Signature of Athletic Director or Principal \_\_\_\_\_

Athletic Director or Principal Name (printed) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Send Application to:

**OHSBVA**

**c/o Craig Erford**

2357 Spyglass Ct

Fairborn, OH 45324