

**2019 GUIDELINES FOR SHINKARA VOLLEYBALL HARDSHIP ASSISTANCE FUND  
(RMR Junior Members Only)**

*On behalf of the RMR Board of Directors, the RMR Individual Hardship Fund has been changed to the RMR Shinkara Volleyball Hardship Assistance Fund. Shinkara Volleyball founder Tom Kawano has been a member of the RMR for well over 30 years. He is an outstanding RMR member and is always giving his heart and soul for the love of the game. In the spirit of giving, we rename this fund on behalf of Tom Kawano founder of Shinkara Volleyball.*

**General Information:**

- \* Total funds available for the RMR Individual Hardship Account \$10,000.00
- \* Maximum amount that will be awarded to an individual is \$350. The RMR Board of Directors may award more than the \$350 depending on applicant(s) need and financial circumstances
- \* Individual must be a current RMR-USAV Junior Member in good standing.
- \* Monies will be paid at the discretion of the RMR- USAV Board of Directors and mailed directly to the Club Director in mid-April.

**Application Form/Required Information/Deadline Date:**

1. Fill out the RMR Individual Hardship Assistance information below.
2. Submit a statement from club director/head coach including:
  - a. Current fund raising opportunities within the club.
  - b. Is applicant participating in fund raising opportunities?  
If so, how much as been raised to date, and how much is applicant expected to raise for the year.
  - c. Cost of club dues and anticipated or actual travel expenses.
3. Submit a letter from parent or guardian to RMR Junior Coordinator stating needs.
4. Copy of parents' most recent tax return (confidentiality assured).
5. **Items 1 - 4 must be submitted by applicant/club director** in order for an individual to be considered for this fund. **Incomplete applications will not be considered.**
- 6 Application deadline postmarked February 10 of the current season.  
Send the above information and this form by the deadline to:

RMR Office  
% RMR Junior Coordinator  
4155 E Jewell Ave, Suite 909  
Denver, CO 80222



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**General Information**

Players Name: \_\_\_\_\_ Parent's Name (s): \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Home Telephone # : \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age of Team: \_\_\_\_\_

How many tournaments will this team be traveling to outside of Colorado? \_\_\_\_\_

Does the Club offer fund raising programs?      YES      or      NO

If so approximately how much money have you raised in this program. \_\_\_\_\_

Number of family members playing Club Volleyball? \_\_\_\_\_

Number of years that the player has been active in the Rocky Mountain Region? \_\_\_\_\_