



**AYSO REGION 741
SCHOLARSHIP APPLICATION**

Today's Date: _____

PLAYER(S) NAME(S): _____

ADDRESS: _____

DATE(S) OF BIRTH: _____ **PHONE #:** _____

PARENT/GUARDIAN NAME: _____

BEST EMAIL CONTACT: _____

PARTIAL SCHOLARSHIPS AVAILABLE!!

CHECK TYPES OF PUBLIC AID THE PLAYER(S) AND/OR FAMILY ARE CURRENTLY RECEIVING? *MARK ALL THAT APPLY.*

Food Stamps: ___ Free Lunch: ___ Discounted Lunch: ___ Medicaid: ___

Note: In order to be considered for the AYSO Region 741 scholarship, you will need to provide documentation showing that player(s) and/or immediate family are currently receiving the financial assistance indicated (i.e. Copy of your Notice of Medicaid card, lunch program confirmation letter, food stamps Notice of Benefits, etc.) – OR RESPOND BELOW.

If you are not currently receiving public aid (such as above) but wish to apply for scholarship funds, please describe any special circumstances that exist and explain your need. All information provided is kept confidential. Please use the back side if required.

***** AYSO is an “all-volunteer” organization. If you are chosen to receive a scholarship, do you agree to volunteer for a minimum of 4 hours during the regular season?**

___ **Yes, I understand** ___ **No, I am not able to volunteer at this time.**

If yes, in lieu of any scholarship toward our 2015 registration fee, I would be able to volunteer a minimum of four (4) hours in these areas:

___ Field Monitor ___ Early Morning Set-up ___ End of the day clean-up

PARENT OR GUARDIAN’S SIGNATURE: _____

Amount Approved _____ Registrar Approval _____
Regional Commissioner Approval _____ Date _____