



# AYSO Financial Assistance Request

Helping All Children Play Soccer

## Applicant Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## Request Details for Region 741

Season/Year: \_\_\_\_\_

Amount Requested: \$\_\_\_\_\_

## Reason for Financial Assistance:

Please briefly explain your need for financial assistance and any additional information that may help us understand your situation:

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[Date]

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## Financial Assistance Details

**\*\*Please check all that apply:\*\***

☐ Currently receiving EBT Benefits (Food Stamps)

☐ Unemployed / Underemployed

☐ Other (please specify): \_\_\_\_\_

**\*\*Annual Household Income (optional): \$**\_\_\_\_\_

**\*\*Number of Dependents in Household:** \_\_\_\_\_

**\*\*Please attach any supporting documentation (e.g., proof of income, assistance program letter) if available\*\***

## Declaration

I certify that the information provided is accurate and complete. I understand that this request will be reviewed, and assistance is subject to available funds and eligibility.

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

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**\*\*For AYSO Office Use Only\*\***

Received By: \_\_\_\_\_

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

Decision: [ ] Approved [ ] Denied

Amount Awarded: \$ \_\_\_\_\_

Comments:

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Please submit this form to: [R741questions@gmail.com](mailto:R741questions@gmail.com)

**ALL SUBMISSIONS DUE BY JULY 1**