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**AYSO Region 862**

**Scholarship Information**

Parents or guardians who are interested in receiving a scholarship for their child or children to participate in the AYSO Region 862 will need to submit, in writing, a letter stating their circumstances. This letter will be kept confidential by the AYSO Region 862 Board of Directors. In addition, the attached application must be completed by the parent or guardian.

Parent(s) or guardian(s) need to be willing to help volunteer in some area of the AYSO organization such as registration, field painting, pictures coordinator, etc. We are always in need of help and really appreciate any help possible.

At the discretion of the Board of Directors, partial funding may be available to have youth play in the AYSO 862 Region. The funding approved by the Board of Directors will be for the fees associated with registration and not for equipment that is necessary for the player to participate.

All scholarships are based on the availability of funds.

**FOR ADMIN USE ONLY**

Date Received:

**Info Verified:**

**Determiniation:**

**AYSO REGION 862**

**SCHOLARSHIP APPLICATION**

**PLAYER(S) NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE(S) OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/ GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/ GUARDIAN PHONE # (IF DIFFERENT THAN PLAYER’S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS (IF DIFFERENT THAN** PLAYER’S**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT OF FINANCIAL ASSISTANCE REQUESTED (any, ½, full) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK TYPE(S) OF PUBLIC AID THE PLAYER(S) AND / OR FAMILY ARE CURRENTLY RECEIVING (OR WERE RECEIVING AS OF THE LAST QUARTER OF THE SCHOOL YEAR)? *MARK ALL THAT APPLY.***

***Food Stamps: \_\_\_\_ Free Lunch \_\_\_ Discounted Lunch: \_\_\_\_ Medicaid*: \_\_\_\_**

***NOTE****: In order to be considered for the AYSO Region 862 scholarship, you may need to provide*

*Documentation showing that the 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 ANSWER NEXT QUESTIONS.***

**IF YOU ARE NOT CURRENTLY RECEIVING PUBLIC AID (SUCH AS ABOVE) BUT WISH TO APPLY FOR SCHOLRSHIP FUNDS:**

 **1.** WHY ARE YOU IN NEED OF FINANCIAL ASSISTANCE? (I.E. RECENTLY LOST YOUR JOB, CRISIS IN THE FAMILY, ETC- PLEASE BE SPECIFIC) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2**. PLEASE PROVIDE REFERENCES (NAMES & PHONE NUMBERS) IN ORDER TO VERIFY INFORMATION GIVEN:

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT OR GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deadline for scholarship applications are July 30th.**

**Send the completed application and supporting documentation to your:**

**AYSO Region 862 Assistant Regional Commissioner listed on www.ayso862.org.**