



Scholarship Application

Please Print Clearly

1. Child's Name: _____
2. Has Child participated in Region 150 previously?: Yes ☐ No ☐ Year: _____
3. Player Birth Date: _____ Current Age: _____
4. Parent/Guardian name: _____
5. Home Phone: _____ Cell Phone: _____
6. Reason you child should be considered for a scholarship:

7. AYSO asks for at least one hour of volunteer time per week for each of our scholarship recipients. I would like to volunteer in these areas/ways:
☐ Coach
☐ Referee
☐ Field Setup
☐ Referee Tent
☐ Other
8. Is your family currently receiving Government financial aid? (please specify)
School Lunch program? Other? _____
9. I agree to pay a minimum of \$25.00 of the registration fee. Yes ☐ No ☐
The \$25 national fee per player will be paid by the family. Child must register by the registration closing date to be considered. Scholarship amount awarded will be determined by the number of approved scholarship applications.
10. Parent/Guardian Signature: _____ Date: _____

AYSO Use Only

Approved: Yes ☐ No ☐ Age Division: _____ Amount Region will cover: _____

Scholarship season (time period): _____

Approved by: _____

RC Signature: _____ Date: _____