



AMERICAN YOUTH SOCCER ORGANIZATION

P.O. Box 480565 Charlotte N.C. 28269

(866) 619-3786 fax or email to info@ayso605.com

AYSO FINANCIAL AID APPLICATION

(mail, fax or email form)

PLAYER(S) NAME(S)

ADDRESS: _____

DATE(S) of BIRTH _____

PHONE # _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

AMOUNT OF FINANCIAL ASSISTANCE REQUESTED (ANY, ½ or FULL) _____

You will be required to pay \$17.50 (AYSO National fees) for each player.

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 605 scholarship, you will 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 SCHOLARSHIP 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

