

SCHOLARSHIP REQUEST FORM



This scholarship request form should be filled out by parents or guardians who are interested in receiving financial aid in order for their child(ren) to participate in AYSO Soccer in Kaneohe, Region 113. We award PARTIAL scholarships based on financial need. A brief description of your financial circumstances will help the Board of Directors to determine eligibility. In return, parents, guardians, or other family members ARE REQUIRED to volunteer during the season, i.e. Team Coach, Soccerfest, Team Parent, etc.. Please fill out completely and mail to *AYSO Region 113, P.O. Box 404 Kaneohe, HI 96744 Attn: Regional Commissioner* or email to *rckaneoheayso@gmail.com*

Approval must be obtained from the Regional Commissioner PRIOR to registering in Blue Sombrero in order to apply any discount.

NAME: _____ BEST CONTACT NO.: _____

ADDRESS: _____

OCCUPATION: _____ GROSS FAMILY INCOME: _____

PLAYERS NAME	DATE OF BIRTH
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Briefly describe why you feel you need financial assistance. Continue on additional page if necessary:

Do you qualify for school lunch subsidy or free lunch? (Check one) Subsidy Free N/A

Where would you like to volunteer: _____

AYSO Use Only:

Date: _____ Total Amount Approved: _____ Balance Due: _____

Approved: _____ Date: _____

Regional Commissioner