



# American Youth Soccer Organization

## Region 1563 Application for Financial Assistance

**Canastota AYSO**  
**PO Box 23**  
**Canastota, NY 13032**

Season     Spring     Fall    20\_\_

Complete and mail prior to application deadline posted on our website, [www.CanastotaAYSO.org](http://www.CanastotaAYSO.org)

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

Address	Phone Number(s)	Email address
_____	_____	_____
_____	_____	_____

Child/Children Applying For: \_\_\_\_\_

Has your family received financial assistance from AYSO previously?  Yes     No    (circle one)

How much money is your family able to contribute toward the registration fee? \_\_\_\_\_

Please write a brief description on the reason that your family should be considered for an AYSO Scholarship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that all applications are considered at the same time and on a needs basis. There are a limited number of scholarships that will be awarded, and prior receipt of a scholarship or reduction in registration fees is not a guarantee of approval in subsequent seasons. Applications must be submitted each soccer registration period. Only one application per family will be considered.