



## AYSO Region 85 – Lake Forest Registration Financial Assistance

The American Youth Soccer Organization (AYSO) is a non-profit and an all-volunteer program. Our mission is to provide soccer opportunities to as many young athletes as possible in a safe, fair and fun environment.

For those families that may require financial assistance with the cost of registration, an AYSO Region 85 Scholarship fund has been established. Due to limited funds and in order to assist as many families as possible, partial scholarships are awarded to families who demonstrate the greatest need and embody the AYSO Spirit.

### **Criteria:**

- Parents/guardians must complete the Player Scholarship Application. (Information will be held in complete confidence).
- Families receiving first consideration will be those able to provide documentation that supports a financial need such as: proof of current government financial aid, or that the child is a participant of a reduced fee/free lunch school program. Region 85 will also give consideration to recommendations received from government agencies, social agencies, or school administrators (such as school principal).
- A separate application is required for each child.
- Amount and type of previous volunteerism provided by the applicant family or child may improve consideration for a partial scholarship. Failure to meet previous volunteer commitments or lack of willingness to volunteer will also be a consideration.
- Scholarship applications should be submitted for approval at any regularly scheduled registration event or may be submitted to either the Regional Commissioner or Regional Treasurer.

### **Contacts:**

Regional Commissioner: [commissioner@ayso85.org](mailto:commissioner@ayso85.org)

Regional Treasurer: [treasurer@ayso85.org](mailto:treasurer@ayso85.org)

Registration Dates: see website ([www.ayso85.org](http://www.ayso85.org))



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<b>Player Scholarship Application</b>			
<b><i>Parent/Guardian Information (please print legibly)</i></b>			
First Name:		Last Name:	
Address:			
City:		Zip:	
Phone:			
Email:			
<b><i>Player Information (please print legibly)</i></b>			
First Name:		Last Name:	
Date of Birth:	Returning Player: YES    NO	School:	
<b><i>Financial Information (please print legibly)</i></b>			
Does the child participate in the Reduced Fee/Free Lunch School Program?		YES	NO
What amount are you able to contribute/afford per player?    \$		Per/Player	
To assist us in our decision, please provide additional information regarding your need for financial assistance.			
We are an all-volunteer program and everyone's assistance is needed. How are you planning to help within the Region?			
<b><i>Acknowledgement – I have answered honestly about my current situation. I understand there are various elements such as availability of funds, family need, and contributions to the Region that may factor into the decision process.</i></b>			
Name:			
Signature:		Date:	
<b>*** Region 85 Use Only ***</b>			
Regional Commissioner:		Approved:	Denied:
		Date:	
		Amount:	
		Player #:	
<b>Submit Completed and Signed Application to the Regional Commissioner or Regional Treasurer</b>			