



AYSO Region 54 Scholarship Application

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

Our basic policy is that parents/guardians should finance their children's registration fee to the "extent that they are able." In that our goal is maximum participation, a scholarship fund has been established in our region to help parents/guardians with the registration fee if absolutely necessary. An AYSO scholarship is based on financial need of families who are not able to pay for all of their child's registration in order to participate. The region has limited funds available; therefore scholarships will go to families who demonstrate the **greatest need while scholarship funds remain available**. The region *does not* offer any full payment scholarships. Based on family need the region will offer a discount up to a maximum of \$80.00. A \$20.00 AYSO National player fee will be added to the agreed to division fee upon check out. The region has no control over the National fee charged at check out and regardless of placement the National Fee will not be reimbursed by the region.

Discounted registration is in place automatically for siblings and will not be additive to anything provided in the scholarship program.

Receipt of a scholarship **does not guarantee** your child a position on a team. Once it is determined the number of coaches available for the division and teams are balanced, your child as with all others could end up on a wait list and ultimately dropped from the program if a team cannot be formed.

Criteria

1. Parents/guardians must complete the scholarship application form. Provide an application for each child a scholarship is being requested for and attach together via staple (Information provided will be held in complete confidence.)
2. Families receiving first consideration will be those able to provide documentation that supports the financial need such as proof of current government financial aid or that the child is a participant of a free school lunch program. In addition or as an alternative, AYSO will also give priority consideration to recommendations received from government agencies, social agencies or school administrators (such as school principal).
3. Amount and type of previous volunteerism provided by the applicant family or child may improve consideration for a scholarship. Failure to meet previous volunteer commitments or lack of willingness to volunteer will also be a consideration.
4. Scholarship applications should be submitted for approval for the Fall 2020 season **no later than July 18, 2020**
5. All scholarships regardless of amount will require parents/guardians to pay in full the \$20.00 National Fee which is **non-refundable regardless of placement on a team**.
6. No email applications will be processed, all requests must be mailed to:

AYSO Region 54 – Attn: Treasurer
Box 4509
Cerritos, CA 90703

Contact

For questions relating to this program, you may contact Shyalla Bergeron via email at ayso54.treasurer@gmail.com. Please allow processing time prior to sending email.



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Please print clearly. Prepare an application for each child.

1. Child's name: _____

2. Has child participated in Region 54 before: Yes / No _____

3. Player birth date: _____ Current age: _____ Male/Female _____

4. Parent/guardian full name (what name is the registration under?) _____

5. How many total family members? _____ Email: _____

6. Home phone: _____ Cell phone: _____

7. Reason why your child should be considered for a scholarship*:

8. Is your family currently receiving Government financial aid? Yes / No

Specify: School lunch program? / Other: _____

9. Child's School Name: _____

10. In recognition of receiving a scholarship, I am able to volunteer in these areas (circle):

- Coaching
- Refereeing
- Board Member (must be approved by Regional Commissioner prior to circling) _____
- Other _____

11. The Region can waive up to a maximum of \$80.00 per child. Does your family require the full \$80.00 discount? Yes / No

12. If you stated No to number 11, what amount would you like the Region to waive? _____

Parent/Guardian Signature _____ Date: _____

*Use back or attach additional sheets if needed.

AYSO Use Only

Approved: Yes / No Age Division _____ Amount Approved _____

Comments*: _____

Approved by: _____ Title: _____

Signature: _____ Date: _____