



Gift Scholarship Application AYSO Region 253



Gift scholarships of \$35 towards registration fees are awarded on a first come, first serve basis and are based on need. The Regional Executive Board of Directors delegates a certain amount of funds each season to scholarships. Once these funds are gone, there is no more for the season. Applications are reviewed by the Executive Board, all at one time, and are arranged in order from greatest need to lowest need based on the information provided with the application. Scholarships are then awarded accordingly.

All applicants will be notified via mail whether or not they have been selected as a scholarship recipient.

To apply for a Gift Scholarship, follow the instructions below:

1. Complete the top portion of the form making sure to include a phone number where you can be reached should we have any questions concerning your application.
2. Complete the household information section including sources of income.
3. State, as thoroughly as possible, why you are applying for this scholarship. Use the back side of the application if needed.
4. Parents applying for a scholarship are required to volunteer in some way. Please review the volunteer opportunities available on the attached brochure. Select three opportunities and number them in order by preference, with 1 being the highest preference and 3 being the lowest. You will also need to complete the volunteer application form included in this package.
5. Sign and date the application.
6. If you have not already completed a registration form for your child, you will need to complete the one included in this package.
7. Turn in your application package during any registration, or mail it to:

**AYSO Region 253
PO Box 507
Valley Center, Kansas 67147**

REMEMBER, THE DEADLINE FOR ALL SCHOLARSHIP APPLICATIONS IS _____.

PRIVACY STATEMENT:

We recognize and respect your expectation of privacy and security for your personal information. We understand the need to safeguard the sensitive information about you within AYSO. We have procedures and security measures that limit access to and disclosure of personally identifiable information to those individuals in our organization with a business reason to know such information. We educate our volunteers about the importance of the confidentiality and privacy of customer information.

Gift Scholarship Application
American Youth Soccer Organization Region 253
 DEADLINE FOR APPLICATIONS IS _____

PERSONAL INFORMATION

Child's Name	
Child's Age and Birth Date	
Parent/Guardian Name	
Mailing Address	
Phone Number	

HOUSEHOLD INFORMATION

Name	Age	Relationship to Player (self, sibling, parent, etc)	Weekly Income

Does your player qualify for a reduced or free state or federal income based assistance program (i.e. lunch assistance, WIC, HealthWave)? **Yes No (circle one)**

If yes, please provide proof of participation in one of these programs (membership card, letter of acceptance).

REASON FOR NEED (Use the back of this form if needed)

VOLUNTEER OPPORTUNITIES: (number 1 to 3 with 1 being highest preference)

_____ Coach	_____ Assistant Coach
_____ Referee	_____ Assistant Referee
_____ Team Parent	_____ Other _____

I HEREBY ACKNOWLEDGE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: _____ DATE: _____

APPROVAL (For Region Use Only)

Regional Commissioner: _____	Date: _____
Regional Treasurer: _____	Date: _____
Registrar: _____	Date: _____