



**LEEWARD AYSO 269  
SCHOLARSHIP APPLICATION FORM**

Player(s) Information			
Name	Gender	Birthdate	Age

Parent/Guardian Information	
<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Email:</b>
Child lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Other _____	

Financial Background
Is your child receiving/eligible for school lunches/meals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Family Gross Income: \$ _____
Number of people living in the household:   _____ Children   _____ Adults

Additional Information
Please provide us some information about your financial or other situation that will assist us in our decision to grant your child a scholarship: _____
_____
_____
_____

Have you received a Scholarship from Leeward AYSO in the past?   ☐ Yes   ☐ No

☐ I understand that this is for a partial scholarship of \$50 per child. The amount awarded will be applied towards the registration fee(s) and I will be responsible for the balance due.

I have answered the above questions to the best of my ability. I have been honest about my family's financial situation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*This section to be completed by the Region*

☐ Approved / Award Amount \$ \_\_\_\_\_

☐ Not Approved

Reviewed by:	Registrar: _____	Date: _____
	Treasurer: _____	Date: _____
	Regional Commissioner: _____	Date: _____