



**NORTH SHORE AYSO 289  
SCHOLARSHIP APPLICATION FORM**

Player(s) Information			
Name	Gender	Birthdate	Age

Parent/Guardian Information	
Name:	Phone:
Address:	Email:
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 North Shore 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: \_\_\_\_\_

*This section to be completed by the Region*

Approved / Award Amount \$ \_\_\_\_\_  Not Approved

Reviewed by: Registrar: \_\_\_\_\_ Date: \_\_\_\_\_ Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_