

# Scholarship Application

Dubuque AYSO Region 419

Please use this form to request a partial fee waiver from the Dubuque AYSO Region 419 registration fee.

We have limited resources and can grant a limited number of partial fee waivers only in cases of true financial need. We require that you pay some portion of the fees, rather than granting a complete waiver. Because of this, we ask that you be as detailed as possible in describing why we should grant your child a scholarship to play in Dubuque Region 419. Your information is confidential and will be reviewed by the AYSO Region 419 Commissioner.

In return for the financial support that we provide to you, **we expect a considerable effort on your part as a volunteer.** We *will* call upon you, and expect you to cheerfully help us out within the limits of your ability and time. If you cannot, or will not, commit to helping the Region, please do not apply for financial assistance.

Player Name:	Birth Date:
Age:	Gender:
Parent(s)/Guardian(s) Name(s):	
Street Address:	
City, State, Zip Code:	
Telephone:	Email:

Justification for scholarship (be as detailed as possible):


\_\_\_ I am requesting a scholarship from AYSO Dubuque Region 419. I agree to pay the remaining balance of the registration fee. I also agree to perform one of the volunteer tasks listed below. I am also aware that failure to perform the agreed upon tasks will result in elimination of future scholarship opportunities.

Volunteer Opportunities:

- Phone Calls
- Regional helper (Uniform hand out, Soccerfest, Equipment collection, etc)
- Golf Cart Chauffer
- Help maintain fields (clean up, take down)

By my signature below, I affirm that the above statement is true and I understand that this waiver petition may not be granted. I agree to the terms of this agreement and will execute the agreed upon task with the utmost care and precision.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Approved/Denied

Amount: \_\_\_\_\_

Commissioner Signature: \_\_\_\_\_