

Please Print Clearly

1.	Child's name:
2.	Has child participated in Region 150 previously?: Yes No Year:
3.	Player Birth Date: Current Age:
4.	Parent/Guardian name:
5.	Home Phone: Cell Phone:
6.	Reason your child should be considered for a scholarship:
7.	I would like to volunteer in these areas/ways (circle):
	• Coach
	• Referee
	• Field setup
	Field Maintenance
8.	Is your family currently receiving Government financial aide? (please specify)
	School Lunch program? Other?
9.	I agree to pay a minimum of \$20.00 of the registration feeYesNo The \$20 national fee per player will be paid by the family. Child must be register by June 5th to be considered. Scholarship amount awarded will determinded by the number of apporved scholarship applications.
10). Parent/Guardian signature [:]
AYSO Use	e Only
Approve	d: Yes No Age Division: Amount region will cover
Scholarsl	hip time period:
Approve	d by:
RC Signature: Date:	