**AYSO REGION 69:**

**CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION**

*This form will be processed by AYSO Region 69 Registrar. This information will not be sold, shared or provided to anyone else. Your player’s financial assistance status is confidential.* Region 69 requests a contribution of at least $75 per player to accompany this application to help with region fees and uniform costs unless otherwise arranged.

Your Name: \_\_\_\_\_\_ Spouse’s Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Player(s) Name(s) and Age(s):

Why are you applying for financial assistance?

Are there other factors we should consider?

How many volunteer hours will you commit to AYSO Region 69?:

In what capacity or position? \_\_\_\_\_\_\_\_\_\_

\*In addition to the above, all financial aid recipients must volunteer to assist Region May through December. Some of this is work can be completed at your home.

**PLEASE NOTE: FAILURE TO COMPLETE YOUR VOLUNTEER HOURS WILL RESULT IN REVOCATION OF YOUR CHILD’S FINANCIAL ASSISTANCE**

Would a payment plan be better for you? If so, how much and how often?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, are you able to pay a portion of the fees? If so, how much?

*I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct.*

Date: Signature:

Please mail this application along with $75 to: AYSO Region 69

Debbie Held

264 N Saltair Ave

Los Angeles, CA 90049

**DUE: June 15**