



Amherst Soccer Association Scholarship Application/Fee Waiver Request

The policy of the Amherst Soccer Association is that every effort will be made to ensure that children will not be deprived the opportunity of playing soccer in cases of financial hardship. Please indicate below the circumstances that make this request necessary. Special circumstances of a temporary nature, such as medical or job related, loss of income, etc. are also taken into consideration. Be sure you explain as fully as possible to facilitate a decision. In rare circumstances, your latest Federal and State income tax returns may be requested to verify income.

The club requires that families receiving scholarship aid provide services to ASA in a volunteer capacity in one of the following ways beyond the normal volunteer activities of coaching:

- Mailings/Phone Calls/Distribution of forms to schools
- Helping to organize teams or call coaches
- Maintaining the fields/nets

Player's Name _____

Date of Birth _____

Address _____

City _____

Zip Code _____

Print Parent/Guardian's
Name(s) _____

Telephone Number _____

Email _____

Number of Siblings in the family participating in ASA _____

Amount of scholarship requested: \$ _____

House Program

Travel Program

Assistance Received & Family Situation

Please check all the box's that apply:

Public Assistance/Social Security

Subsidized Housing

Free or reduced cost School Lunch

Food Stamps

Medicare/Medicaid

Parent(s) Unemployed

Single Parent, no or limited child support

Other (please describe)

Confidential - Reviewed only by the Executive Committee of ASA

