



Amherst Soccer Association Financial Aid 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 a rare circumstance, 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:

- Uniform distribution several times per year, especially Fall
- Helping to organize house teams or call coaches
 - Serving as organizer the first weekend of games at fields
 - Coaching or assisting the coach
 - Other when called by ASA for help

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 _____

Scholarship requested for:

- House Program
- Travel Program (team fees always will be paid by player)

Amount requested:

- \$45 Uniform for House
- \$100 Uniform for Travel
- \$90 House fee for one program
- \$70 Fee for 6U
- \$250 Partial Travel fee
- \$150 Indoor Camp fee
- \$200 Outdoor Camp fee
- \$60 TOPSoccer fee
- \$ _____ Other partial fee

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
 - Previously employed, how long, indicate below
 - Length of unemployment, indicate below
- Single Parent, no or limited child support
- Other (please describe)

Confidential - Reviewed only by the Executive Committee of ASA

Please include any additional information to support this scholarship application here:

"All statements in this application are true to the best of my knowledge. I understand that the number and amount of available scholarships may be

limited. I am aware that this application may be selected for verification and agree to cooperate fully in such verification process. I agree to donate volunteer time to ASA if this scholarship application is approved. ASA is a registered non-profit organization"

Signature of Parent(s)/Guardian(s):

Date: _____

Mail to: Amherst Soccer Association
PO Box 264
Williamsville, NY 14231-0264

Process: The ASA executive committee will need time to review and make a determination. It is recommended that any request for aid be submitted at least one month prior to a program registration closing date. If you are not able to meet that goal, we suggest you register and pay online if it is important to you to have your child play and we will review and reimburse to your account should this request be approved. The committee may contact you for more information and any requests that are submitted incomplete will be rejected. We reserve the right to limit the amount of aid and the number of repeat requests that will be honored during a soccer year.

PLEASE PRINT, SCAN AND EMAIL BACK TO
president@amherstsoccer.com OR DROP OFF OR MAIL AT
YOUR EARLIEST CONVENIENCE TO ASA, 162 MILL
STREET, WILLIAMSVILLE, NY 14221