

# LAYSA SCHOLARSHIP FORM



Mail to: LAYSA (President)  
P.O. Box 898  
Auburn, ME 04212-0898

Child's Name

(Last)

(First)

Physical Address

(Street)

Mailing Address

(Street or PO Box, City, State, Zip Code)

Phone

Email

Age

Date of Birth

Mother's Name

Mother's Address (if different)

Mother's Place of Employment

Father's Name

Father's Address (if different)

Father's Place of Employment

Does your child receive free lunch?

Reduced lunch?

Number of persons living in household: Adults

Children

**Total** Household Income (please circle one):

\$15,000 or below

\$15,001 - \$20,000

\$20,001 - \$25,000

\$25,001 - \$30,000

\$30,001 - \$35,000

\$35,001 and above

All information will be maintained in the strictest of confidence

It is the goal of LAYSA to ensure that all children who want to play soccer will have that opportunity, regardless of ability to pay. Scholarships for the LAYSA program may be granted by the LAYSA Board of Directors on the basis of need. Each family will be expected to pay, at minimum, a registration fee of \$10.00. Additionally, parents of scholarship recipients will be expected to volunteer time to the LAYSA organization.

In your own words, please state below your reasons for requesting this scholarship and how much you feel you can contribute towards your child's soccer program:

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## VOLUNTEER AGREEMENT

We (I) would be willing to work on the following activities:

\_\_\_\_\_ Concession Stand  
\_\_\_\_\_ Field Preparation  
\_\_\_\_\_ Team Administrator  
\_\_\_\_\_ Other – Please describe \_\_\_\_\_

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Signature

Date

Registration fee paid _____	Date _____
Amount of Scholarship _____	
Total Cost _____	Family Portion _____
Approved by Board (date) _____	