



**ARIZONA YOUTH SOCCER ASSOCIATION
ODP Financial Aid Application**

This form can be completed on-line

Name:

Address:

City:

Zip:

Phone:

e-mail:

Birth Year:

Boy

Girl

Event Name:

Event Costs: Pool Fees

RIV Championships

Region Camp

TOTAL Amount Requested: \$

(note only in rare cases will more than 50% be granted)

Current GPA:

Please check highest ODP level achieved last year:

State Pool

State Team

Regional Pool

Regional Team

National Pool

National Team

We have attached an unofficial copy of the athlete's school transcripts (application will not be considered without attached school transcript) – check one:

Yes

No

We have attached a signed copy of our family's most recent tax return and W-2 forms (application will not be considered without attached tax forms) – check one:

Yes

No

The applicant is currently involved in the following Community Service Work (describe):

Please describe (in 600 words or less) why you are applying for financial aid and what playing ODP soccer means to the student/athlete:

This application is true and complete to the best of our knowledge:

Name:

Applicants Signature

Date

Notes:

1. **Incomplete Applications will not be considered.**
2. **School transcripts must be attached**
3. **Signed tax forms and W2's must be attached (you may black out social security numbers & sibling names)**
4. **Applications will be kept strictly confidential**
5. **Financial Aid Awards will be determined by ODP Financial Aid Committee**
6. **This application must be signed by athlete and at least one parent**
7. **APPLY EARLY AS FUNDS ARE LIMITED.**

Applicant Criteria:

1. **Athlete must be an AYSA member in good standing**
2. **Athlete must be a member of current AYSA ODP player pool**
3. **Athlete's family must demonstrate financial need**
4. **Exceptions to above requirements may be made for those demonstrating financial hardship through unknown disaster.**