

2020/2021

ARKANSAS VALLEY SOCCER ASSOCIATION

Scholarship Application



OUR BELIEF:

At AVSA we want kids playing soccer. We don't believe that a child should be excluded from the opportunity because of limited financial means. If you feel that your child/children have the dedication and desire to play with AVSA but want to seek financial aid to get them registered, please fill out the form below and return to AVSA as soon as possible. Your information will be kept confidential.

PLAYER / PARENT OBLIGATION

If your child is awarded a sponsorship it is AVSA's understanding that you will volunteer a minimum of 4 hours during each season to help offset the financial burden and contribute to the overall success of soccer in the River Valley. When a scholarship is awarded, you will be contacted by the club to help work-out how you can accrue your volunteer hours. It may be lining fields, helping at practices or during special AVSA events.

Player Name: _____ Player Date of Birth: _____

Player Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Team Name/Age Group: _____ / _____

We understand families are at many different levels financially and want to lend aid to as many players as needed, so we are asking that if you do not need to seek a full scholarship, and can pay a partial sum, please indicate that amount below.

I can pay \$ _____ for the **Fall 2019 / Spring 2020** Seasons (*circle one or both*)

I'm interested in a payment plan. **yes / no** (*circle one*)

Parent/ Guardian Name : _____ Signature: _____

Email completed application to avsadoc@gmail.com or mail to: AVSA, P.O. Box 205, Russellville, AR 72811

