

# Polson Youth Soccer Association Financial Assistance Application

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ M F

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please choose from the following options:

I request to pay the registration fees on a payment plan. \_\_\_\_\_

I agree to work with PYSA in arranging monthly payments to pay for my registration fees.

Or

I request a scholarship to assist in paying the registration fees. \_\_\_\_\_

I request a scholarship in the amount of : \_\_\_\_\_

By accepting a full or partial scholarship, I understand and agree that I will volunteer at least 2 hours to PYSA between now and the end of the upcoming season. Volunteer hours may include but are not limited to helping in the following areas: concessions, field maintenance, fundraising, registration, and field preparation during home games and tournaments.

I understand that scholarships are awarded on the basis of financial need and availability of funding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The form and payments should be mailed to: **PYSA  
P.O. Box 1337  
Polson, MT 59860**