

**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 with those items listed below. Please indicate your preference:

____ concessions, ____ field maintenance, ____ fundraising, ____ registration, ____ field preparation during home games and tournaments.

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

Signature: _____ Date: _____

The form and payments should be mailed to:

PYSA
P.O. Box 1337
Polson, MT 59860