

Avon Soccer Club Scholarship/Payment Plan Request

Parent Name: First _____ Last _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Reason for request: _____

Are you willing to volunteer services to support your child and ASC? **Y / N**

Please list player names:

First: _____ Last: _____ Travel/Intramural U- _____

First: _____ Last: _____ Travel/Intramural U- _____

Circle One: Full Scholarship Partial Scholarship Payment Plan

Payment Plan Schedule for Partial Scholarship and Payment Plan:

	<u>Date</u>	<u>Amount</u>
1 st payment (due with this form)	_____	_____
2 nd payment	_____	_____
Final payment	_____	_____

Signature: _____ Date: _____

***Note that if you are seeking financial aid, we cannot register your player without this request and approval from ASC Treasurer, Rich Rosien richrosien@comcast.net
Mail to ASC c/o Lauren Yarnall, 45 Stony Corners Rd, Avon, CT 06001***