

**Arrowhead Youth Soccer Association
Financial Assistance Form
Fall League 2026**

To the Family:

AYSA believes that all children should have a chance to play soccer. AYSA offers financial assistance for families whose children would otherwise be unable to play due to financial hardship. All requests will be kept confidential.

Number of children playing AYSA Soccer _____

Total Club Fees \$_____

Amount you can pay \$_____

Amount of Financial Assistance Requested \$_____

Name of Parent/Guardian: _____

Date of Request: _____

For Club Coordinator and AYSA Use:

Name of Club: _____

Coordinator: Fill in Age Division of Player(s)

	Age Division	Max. Amount (see chart)
Child #1		
Child #2		
Child #3		
Child #4		
A. Total Maximum Amounts		
B. Financial Assistance Amount (from above)		
AYSA Financial Assistance (the smaller of A. or B.)		

**AYSA Maximum Financial
Assistance Amounts**

Division	Maximum Amount
U14	\$62
U12	\$64
U10	\$45
U6-U8	\$42