

Greensburg Youth Baseball League Scholarship Application



Overview

Greensburg Youth Baseball League (GYBL) provides scholarships for registration fees to children, who without financial assistance would be unable to participate in the GYBL program. In certain cases the scholarship may also provide assistance for basic equipment required to participate in the GYBL program.

GYBL is a 501©(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. The GYBL Board of Directors will review each application and determine the scholarship amount based on the eligibility and qualifications below. GYBL does not discriminate on the basis of race, color, national origin, sex or disability in its programs and activities.

Eligibility

Requirements for eligibility include:

- Athlete must be of eligible age to participate in GYBL program
- Parents/Guardians commit that the athlete will attend a minimum of 90% of all practices and games
- Parents/Guardians agree to volunteer 2 nights and or 8 hours, per household. Hours will support GYBL related activities and must be completed before the season is completed.

Qualifications

Please provide all information required to help GYBL determine qualifications.

Scholarship consideration will be given to families that meet the following criteria and or able to show a need for assistance:

- Provide a copy of your IRS form 1040 from most recent tax year
- Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC etc. and can provide written documentation of participation in these programs
- Provide recommendation by a school representative, social worker, youth community center worker, social service representative and or church.
- Provide a written statement of immediate financial hardship explaining the current situation and why financial assistance will be beneficial. GYBL recognizes that a family may not be receiving formal assistance from programs mention above, yet financial assistance may still be needed in order to participate in the GYBL Program.
- Complete the application process and read and sign the Terms and Conditions statement.

Incomplete applications will be automatically denied.



Procedure

Scholarship request must be submitted to GYBL before March 21 in order to be considered.

A parent, guardian, or head of household must complete the application, with all requested information provided. All items on the Scholarship Terms and Conditions must be initialed and the form must be signed and dated. Forms can be scanned and emailed to: greensburgyouthbaseball@hotmail.com or they can be dropped off at the Decatur County Parks and Recreation office or be mailed to the following address.

GYBL
PO Box 544
Greensburg, Indiana 47240

Incomplete or late applications will be denied.

As indicated above, all of the following must be included to be considered for scholarship:

- **Income documentation**
- **State or Federal assistance documentation**
- **Letter of recommendation**
- **Letter of hardship**

The GYBL Board will consider all scholarship applications completed with all necessary documentation and received before the deadline.

The amount of scholarship awarded, if any, may be partial or full scholarship depending on the number of applicants, and amount of scholarship funds available.

The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not.

Approval of a registration scholarship does not register the participant in the program. The athlete must still be register online or in person for the GYBL program for which the scholarship was awarded.

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Terms and Conditions

"I", "me" and "my" refer to the adult scholarship applicant.

- _____ 1. By signing this form I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.
- _____ 2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.
- _____ 3. I understand that members of the Greensburg Youth Baseball League Board of Directors consider each scholarship application on a case-by-case basis.
- _____ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.
- _____ 5. I understand that unless I am awarded basic equipment as part of my scholarship, I am responsible for any equipment and uniforms required for my child's participation.
- _____ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.
- _____ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, Greensburg Youth Baseball League may immediately terminate my child's privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to Greensburg Youth Baseball League the full value of any scholarship awarded.
- _____ 8. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 2 nights and or 8 hours. Failure to satisfy this condition will disqualify me, my child(-ren), and my immediate family from being considered for another scholarship for the future.
- _____ 9. I understand it is my responsibility to ensure my child(-ren) attend 90% of all scheduled practices and games.
- _____ 10. This application is considered private and will not be shared with anyone other than the Greensburg Youth Baseball League Board.

Printed Name of Adult Applicant

Signature of Adult Applicant

Name of Scholarship Athlete(s)

Date

Greensburg Youth Baseball League Scholarship Form



ATHLETE INFORMATION

Athlete's Name(s): _____ Age(s): _____ Birth date(s): _____
Address Street: _____ City: _____ State: _____ Zip: _____
School Athlete(s) Attends: _____ Grade(s): _____
Teacher's Name(s): _____ School Phone: _____
Athlete(s) lives with: () Both Parents () Mother () Father () Other _____

PARENT / GUARDIAN INFORMATION:

Total Household Annual Income: \$ _____
Number of dependent children in your household during the last tax year: _____
Number of people in your household total: _____

Father/Guardian Name: _____ Occupation: _____
Employer Name: _____ Employer Address: _____
Home/Cell Phone: _____ Work Phone: _____ E-mail: _____
Father/Guardian Monthly Income (including alimony/child support) \$: _____

Mother/Guardian Name: _____ Occupation: _____
Employer Name: _____ Employer Address: _____
Home/Cell Phone: _____ Work Phone: _____ E-mail: _____
Mother/Guardian Monthly Income (including alimony/child support) \$: _____

Do you currently receive state or federal financial assistance? () Yes () No If yes, what type? _____
If you receive state or federal financial assistance, is this your sole source of income? () Yes () No

SCHOLARSHIP INFORMATION

Amount of scholarship requested: Full \$ _____ Partial \$ _____
Do you also request additional assistance to purchase basic equipment needed for this sport season? () Yes () No

PREVIOUS PARTICIPATION

What other sport(s) has the child(ren) played? _____
Name of Team(s) & Organization(s) _____
What was the cost of that sport(s) played? _____
Has this athlete ever received scholarships before? () Yes () No
If yes: Which sport(s): _____ Year(s) : _____ Amount \$ _____

Please indicate supporting documentation being provided:

- () Proof of Income
 - () Proof of receipt of state or federal financial assistance
 - () Letter from school, social workers, youth community center workers, or other social services representatives
 - () Written Personal Statement of Immediate Financial Hardship
 - () Other (explain in detail) _____
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Written Personal Statement

A series of horizontal lines for writing a personal statement.