



## Player Assistance Program Application

BYBA believes every child should have the opportunity to play baseball regardless of financial circumstances. All requests are kept strictly confidential and reviewed only by the designated scholarship committee.

### PLAYER INFORMATION

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Division: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### TYPE OF ASSISTANCE REQUESTED

Full Registration Assistance    Partial Registration Assistance    Payment Plan

Amount you are able to contribute (if applicable): \$\_\_\_\_\_

### BRIEF DESCRIPTION OF FINANCIAL NEED

(Please provide a short explanation of the circumstance that makes this assistance necessary. Detailed financial documents are NOT required.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONFIDENTIALITY STATEMENT & SIGNATURE

I certify that the information provided is accurate to the best of my knowledge.

I understand that all information will remain confidential and used solely to determine eligibility for assistance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR BYBA INTERNAL USE ONLY

Approved By: \_\_\_\_\_ Amount Approved: \$\_\_\_\_\_ Date: \_\_\_\_\_