



NOTRE DAME YOUTH BASEBALL LEAGUE

FINANCIAL AID APPLICATION

This is an agreement for financial aid. Please read carefully before signing

The Notre Dame Youth Baseball League (NDYBL) is committed to ensuring that every child has the opportunity to play baseball in our house league or travel baseball division. However, we also realize that the circumstances of some children’s families may potentially limit their ability to pay the necessary fees to register their children in our programs. With that in mind, our organization has set-up a process to provide aid to those families that require it. It is not a discount program available to every family but a program intended to ensure that every child gets to play in our organization, regardless of his family’s financial status. Because we are a non-profit organization and have a limited amount of money, we have to carefully budget how much financial aid we allot, which ultimately depends on how many families apply for it. Therefore, we ask for the information below as a means to assess which families are in most need, and to help us make our decisions and plan accordingly. **Your application is confidential. No information is shared with anyone outside the NDYBL Financial Aid Committee.**

If you are selected to receive financial aid, it is expected that you will help us raise money to support our programs by participating in the following fundraising efforts: (1) attempting to secure a corporate sponsorship from your place of employment or another business; (2) for every \$50 of financial aid that you receive, sell one extra fundraising card above the minimum number required for all league players; (3) participate in one of the volunteer opportunities listed at the end of this application.

Child(ren)’s name(s): _____

Name of parent or legal guardian: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email: _____ Do you own your own home or rent: _____

Name of other parent or legal guardian: _____

Address: _____ City: _____ Zip: _____
(Leave blank if same as other parent or legal guardian)

Other parent’s or legal guardian’s phone number: _____ Email: _____

Does the other parent or legal guardian own a home or rent: _____
(Leave blank if address is the same as above)

I and/or the other parent or legal guardian above are currently receiving the following forms of public assistance (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Disability or worker’s compensation |
| <input type="checkbox"/> Federal nutrition assistance | <input type="checkbox"/> School lunch program assistance |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> None (we do not receive any assistance) |

What is the total dollar amount of aid that you are requesting? _____

Please provide any other information that you would like the financial aid committee to consider: _____

You will be asked to participate in one of the following volunteer opportunities for the entire season (from the first practice until the last game). Please number at least three choices in order of preference (1 being your most preferred):

- | | | |
|----------------------|----------------------------|-----------------------|
| ____ Head Coach | ____ Concessions | ____ Scorebook Keeper |
| ____ Assistant Coach | ____ Field Prep | |
| ____ Umpire | ____ Corporate Fundraising | |

By signing below, I certify that the information provided above is correct. Furthermore, I understand that if aid is granted to me I am expected to participate in the three NDYBL fundraising efforts listed in the second paragraph at the beginning of this form, and I promise to fully and actively participate in those activities. Moreover, I promise to refund the NDYBL the full amount of aid awarded to me if I do not fully and actively participate in any of those activities or if it is later determined that any of the information provided above is false. I have read this financial aid form in its entirety, fully understanding its terms, and I sign it voluntarily.

Signature of Parent or Legal Guardian: _____

Name of Parent or Legal Guardian: _____ Date: _____
(Please print)

The following is to be filled-out by the NDYBL:

Vote of the Financial Aid Committee (check one): Denied _____ Approved _____ Amount Approved _____

1. Committee Member's Name _____ Position on Board: _____
(Please print) (Please print)

Signature: _____ Date: _____

2. Committee Member's Name _____ Position on Board: _____
(Please print) (Please print)

Signature: _____ Date: _____

3. Committee Member's Name _____ Position on Board: _____
(Please print) (Please print)

Signature: _____ Date: _____