



BYB Scholarship Program Application
Mail to BYB PO Box 575 Batavia IL
60510

Or email to treasurer@bataviabaseball.com

Date of submission: _____ Received by: _____

APPLICANT INFORMATION

Name of Applicant or Guardian: _____

Address: _____

Home Ph: _____ Cell Ph: _____

FINANCIAL INFORMATION:

List each child's food stamp and/or AFDC case number, if any

Household Members & Monthly Income:

Name of household members at address	Gross monthly earnings before deductions	Monthly welfare payments, child support, alimony	Monthly payments from pension, retirement social security, etc.
TOTALS:			

PROGRAM INFORMATION Please register on line at bataviabaseball.com.

Session: Spring/Summer League Fall League

Total Program Cost: \$ _____

Attach to scholarship application:

Proof of residency Proof of web-site registration Signed waiver/consent form

CERTIFICATION

I certify that all the above is true and correct and that all income is reported and all supportive documentation is true and accurate. I understand that this information is being given to Batavia Youth Baseball as application for its Scholarship Program initiative, that completion of the form does not automatically grant a scholarship and that a new form must be submitted for each league a scholarship is requested for. Information on the application and supportive documentation may be verified by written request of Batavia Youth Baseball officials. I also understand that deliberate misrepresentation of the information may subject me to revocation from the Scholarship Program.

Signature of Applicant/Guardian: _____

How did you hear about the Scholarship Program? _____

FOR OFFICE USE ONLY

APPLICATION INFORMATION

Applicants Name: _____ Date Received: _____

Program Name: _____ Program Code: _____

Date to Notify by: (2 weeks prior to league team formation) _____

Previous Scholarship Program help received? Yes No If yes, date _____

APPROVAL PROCESS: (if any of the following questions are answered NO or PENDING, the application cannot be approved and must be denied or returned for needed information)

Is application complete and signed?	Yes	No	Pending
Is applicant a Batavia resident?	Yes	No	Pending
Do program participant and applicant reside at address on application?	Yes	No	Pending
Are all valid and current documentations provided?	Yes	No	Pending
Is registration form completed online?	Yes	No	Pending
Is the program registering for eligible for scholarship?	Yes	No	Pending
Does application meet the one scholarship per child per year rule?	Yes	No	Pending

APPLICATION REVIEW & DESIGNATION

Number of people in household	#
1. Total monthly income from financial information section on application	\$
2. Income amount designated on current USDA National School Lunch Criteria for free lunch	\$
3. Net eligibility level (subtract line 1 from 2)	\$
4. Is line 3 more than line 2? Designate as denied	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is line 3 between zero and line 2? Designate as eligible for 50%	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is line 3 a negative number? Designate as eligible for 100%	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there sufficient funds in the Scholarship account?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOLARSHIP PROGRAM LEVEL

Status: Approved Denied

Reason for denial: Income too high Incomplete application Other: _____

Total program cost: \$ _____ % discount \$ _____

BYB Scholarship Committee Approval: _____ Date: _____

Applicant Notification by: _____ Date: _____

Scholarship processed on-line by: _____ Date: _____