



BYB House League Financial Aid 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:

Table with 4 columns: 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.

PROGRAM INFORMATION Please register on line at bataviabaseball.com.

Session: Spring/Summer League Fall League

Total Program Cost: \$

Attach to financial aid 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 Financial Aid for house league registration fees, that completion of the form does not automatically grant financial aid and that a new form must be submitted for each league financial aid 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 of the Financial Aid.

Signature of Applicant/Guardian:

How did you hear about the Financial Aid 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 Financial Aid 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

**FINANCIAL AID LEVEL**

Status:     Approved     Denied

Reason for denial:     Income too high     Incomplete application     Other: \_\_\_\_\_

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

BYB Financial Aid Committee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Notification by: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid processed on-line by: \_\_\_\_\_ Date: \_\_\_\_\_