

Bolingbrook Youth Baseball League Financial Assistance Application

General Information			
<input type="checkbox"/> New Applicant		<input type="checkbox"/> Past Recipient	
		Application Date:	
Name of applicant			
Name of parent/guardian			
Contact Information			
Current Address		Address:	
		City:	Zip Code:
Home Phone:		Cell Phone:	
Email Address			
Number you can be reached if you do not have a telephone number:			
Application Information			
Current Annual Family Income:			
Type of Assistance requested: <input type="checkbox"/> Partial Award <input type="checkbox"/> Full Award <input type="checkbox"/> Payment Plan			
Program assistance is being requested for: <input type="checkbox"/> Pinto <input type="checkbox"/> Mustang <input type="checkbox"/> Bronco <input type="checkbox"/> Pony <input type="checkbox"/> Colt			
Validation: Please check to indicate eligibility and attach any supporting documentation			
<input type="checkbox"/> Public Aid		Aid Number:	
<input type="checkbox"/> Food Stamps		Case Number:	
<input type="checkbox"/> School Lunch Program		School Attending:	
<input type="checkbox"/> Subsidized Housing		Name of Unit:	
<input type="checkbox"/> Excessive Medical Bills		Reason:	
<input type="checkbox"/> Other Financial Difficulties		Reason:	
References: Please provide at least two references (i.e. schools, employers, physicians, others) and grant BYBL permission to contact them to verify financial need.			
Agency:	Contact:	Address:	Phone:

Release of Information Permission: *I grant the Bolingbrook Youth Baseball League permission to validate the information provided. I fully understand that the financial circumstances in this application will be kept confidential by the Bolingbrook Youth Baseball League. I hereby attest that the information provided is true and correct to the best of my knowledge. I understand that I may be asked to provide proof of our financial status. If any information is found to be wrong, I understand that this application will be disqualified and I may be asked to pay back any awards granted.*

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date