

# BRIGHTON

## YOUTH BASEBALL ASSOCIATION

**Part 1. Applicant Information- REQUIRED**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ What Age Level Will They Be Playing At: \_\_\_\_\_

Child's School: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Child's Registration Level: Competitive League  Recreation League  Fall Ball

Previous BYBA Affiliation: New to League  1-3 Years  Greater than 3 Years

**If playing for Competitive League-** Coaches Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

**Part 2. Additional Information- REQUIRED**

The following information is required to complete the application for processing. Incomplete applications will not be considered.

1. Applications must be submitted at least 2-weeks prior to payment deadline to allow for processing and evaluation.
2. Financial Information completed in full.
3. Essay (500 word Maximum) detailing why you should be awarded this scholarship.

**Part 3. Financial Information, list all Household Members Income from last three months- REQUIRED**

*To be considered for this award, this section must be filled out completely and further proof of financial information may be required if requested by the BYBA Board of Directors.*

(List EVERYONE in household)			Gross Income/ How often received	Welfare, Child Support, Alimony	Pensions, Retirement,	Other Income
First	Last	Age				
Jane	Doe (example)	30	\$300 / bi-monthly	\$150 / weekly	\$600 / monthly	\$100 / weekly

**Part 4. Signature and Personal Information- REQUIRED**

I certify all of the information on this application is accurate, true and that all income is reported. I understand that BYBA Board of Directors reserves the right to request more information and validate the information. I also understand that BYBA is not responsible for injury or loss of property while participating in the above scholarship activity. I do, hereby, release BYBA , it's employees, sponsors, volunteers and Board of Directors from any liability for any accident or injury.

Parent or Guardian Printed Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Part 5. Child's racial and ethnic identities- (optional)**

Caucasian  African-American  Native American  Native Hawaiian

Hispanic or Latino  Asian  Multi-Racial  Other Pacific Islander

**Submit completed applications to [vp@brightonyouthbaseball.com](mailto:vp@brightonyouthbaseball.com)**