



Greater Keene Youth Baseball Softball Association
PO Box 1044
Keene, NH 03431

SCHOLARSHIP APPLICATION

Player(s) Name: _____

Players Age: _____ Program & Level: _____

Parent's/Guardian's Name: _____

Address: _____

Phone Number: _____

Email: _____

Names of Dependent Children (in home):

1. _____
2. _____
3. _____
4. _____
5. _____

Household Size: _____

Household Annual Income: \$ _____

Please describe the reason that you need financial assistance from GKYBSA:

Please Note: Financial Assistance awards are contingent on the availability of budgeted association funds, and are processed and vetted in the order in which they are received.

Authorization and Release

This authorized is executed with full knowledge and understanding that GKYBSA will take all measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it. I will not disclose that I applied and/or received financial assistance with other members of the GKYBSA. Disclosing this information will deem me ineligible for future financial assistance.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be effective for six months from the date it is signed.

Applicant's Signature: _____

Date: _____

Please mail to:

GKYBSA / Keene Cal Ripken

PO Box 1044

Keene, NH 03431

Or email to keenecalripken.gkybsa@gmail.com.

Thank you!!