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Stevensville Youth Baseball & Softball Association

Scholarship Policy

Stevensville Youth Baseball & Softball Association (SYBSA) seeks to provide the development of the community's youth through baseball and softball programs. The SYBSA has created a scholarship program which may provide some financial assistance for need-based families. It is our goal to use these scholarship funds to help those who need it most.

The scholarship committee, which includes the SYBSA Board, will consider all complete applications received by the application deadline. The number of scholarships awarded will be determined by scholarship funds available and may change from season to season. Scholarships are awarded to one member of a registered family.

SYBSA is a non-profit organization with a very limited amount of funding available for scholarship athletes. No guarantee of assistance is implied by this application.

Requirements for eligibility:

There is a \$25 participation fee for all scholarship applicants. If a scholarship is not offered, the participation fee will be put toward registration. Applications will not be considered until participation fee has been collected.

Participant must have a parent or legal guardian who qualifies for free or reduced lunch program or Department of Health and Human Services Temporary Assistance for Needy Families (TANF Emergency Fund) program may apply for a scholarship for financial assistance of registration fees. You must submit a copy of your qualification letter with your scholarship application. When an applicant is receiving free or reduced lunch, it is evidence of the person's low income and inability to pay SYBSA fees.

Commitment to attend a minimum of 90% of scheduled practices and games.

Participation by an adult family member in at least 5 hours of voluntary service to SYBSA during the sport season. Volunteer work will be under the direction of the SYBSA Fundraising, Events and Concessions coordinator.

Families are required to participate in any fundraisers offered by the program.

Scholarship application approval will be based on verification of financial need and availability of scholarship funds.

Scholarships will be provided on a first-come, funding and space available basis.

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Eligibility for our scholarship program does not guarantee that you will receive assistance. Funds are limited and will be distributed as available on a discretionary basis to those who qualify. Recipients must live within the participation boundaries of the SYSBA.

Additional Information:

- All payments must be made online.
- Scholarships will not be granted for registration fees already paid.
- Late or incomplete application submissions will not be reviewed.
- Scholarship funds will be awarded based on the financial need of the applicant and availability of funds.
- **SYSBA** will use reasonable care to keep all information confidential.
- Participants understand that additional equipment may be required to participate and understand that a SYSBA scholarship does not cover equipment.
- If at any time the parent or participant is in violation of the **SYSBA** Code of Conduct policy or scholarship guidelines, future scholarship assistance will be affected.
- All families who qualify for scholarship assistance are required to fulfill their volunteer requirements. Failure to fulfill volunteer requirements may result in forfeiting your child's eligibility to receive future **SYSBA** scholarship assistance.

Application Process:

- To apply for an **SYSBA** scholarship, please email your application and qualification letter to: stevensvillebaseball@gmail.com.
- You will be notified regarding the status of your application prior to the start of the season. If a scholarship is granted, you will be given more information on how to register. We will contact you via email. If you prefer a different form of communication, please let us know.

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SYBSA Scholarship Application

Parents Name: _____

Address: _____

Phone Number: _____

Email: _____

You will be contacted by email regarding your scholarship application. If you prefer a different form of communication, please let us know.

This form must be accompanied by proof of enrollment in the free/reduced lunch program at your school or Department of Health and Human Services Temporary Assistance for Needy Families program.

- 1. My child(ren) receive reduced school lunches: Yes [] No []
- 2. My child(ren) receives free school lunches: Yes [] No []
- 3. School Calendar Year _____

4. Please list the child(ren) interested in participating in SYBSA sports below.

Participant First and Last Name	School	League	Gender	Birth Date	Grade

Submit this completed form with a copy of your qualification letter from the school or school district office, or the Department of Health and Human Services.

All information provided must be true and accurate. Providing false information may result in player/family ineligibility for the current and/or future participation.

I certify that I have read and understand the information on this form, and that the information submitted is complete and accurate to the best of my knowledge.

Signature of Parent/Legal GuardianDate

APPROVED: (You will be notified of scholarship status via email.)