

# Carlsbad Youth Baseball (CYB) – Financial Aid Request Form

Information provided in the Financial Aid Request Form is confidential and will not be shared outside the CYB Board.

The CYB Board considers each request for financial aid individually. CYB works to provide a diverse group of players with financial aid and may not be able to fulfill every request. CYB's goal is to allocate financial aid based on applicant need and available funds. **Please fill out one Financial Aid Request Form per player.** All players requesting financial aid must reapply each season.

Please note that the parents/legal guardians of a player receiving financial aid are expected to "re-pay" CYB through volunteer efforts (see below for more details). **CYB is entirely driven by volunteers and the league receives no public funds to operate.** All of our expenses (which include but are not limited to: field and lights fees, umpire fees, insurance, uniforms, other baseball gear/equipment, safety equipment) are paid via the registration fees, donations, sponsorships and revenue generated from CYB run programs including the field snack bars.

Please complete this form in its entirety by no later than CLOSE OF REGISTRATION for financial aid consideration for the upcoming season.

*Response required for all sections except where noted*

Player Name (one per form)

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Player Date of Birth

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Parent / Legal Guardian Name(s)

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Parent / Legal Guardian Phone Number(s)

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Parent / Legal Guardian E-mail Address(es)

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Are any members of your family in the military? *(optional)*

If so, please list relationship, military branch and rank.

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## Amount of Financial Aid Requested

Note: Please provide CYB with a specific dollar amount (e.g. \$50 or \$100, NOT "as much as possible"). Please note also that to fulfill a large number of applications, requests for more than 50% of CYB registration fee are less likely to be approved if funds become limited due to a high volume of requests.

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Please describe the special or unique family circumstances of financial hardships (e.g. multiple players, recent job loss) that CYB should consider in evaluating this request for financial aid.

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Is this a renewal request for financial aid? If so, please note the number of seasons your player has received financial aid and identify any CYB volunteer work your family completed last year.

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How is your family willing to assist the league as a volunteer this season?

If my application is approved, our family agrees to provide up to 8 additional hours outside team volunteer duties to the league.

- ☐ Team Coach / Assistant Coach
  - ☐ Fundraising (soliciting sponsorships)
  - ☐ CYB Events (Field Volunteers, Opening Day, etc.)
  - ☐ Tournament Support (All Stars, President's Day Weekend, etc.)
  - ☐ Other:
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I certify that the above information is true and complete to the best of my knowledge.

Name of the person submitting this form:

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Print Name

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Signature

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Date

After completing your Financial Aid Request Form, please return using any of the options below:

Email: [vpadmin@carlsbadyouthbaseball.org](mailto:vpadmin@carlsbadyouthbaseball.org)

Regular Mail: Carlsbad Youth Baseball | P.O. Box 4475, Carlsbad, CA 92018

In-Person: VP of Administration ([www.cbaseball.com/boardmembers](http://www.cbaseball.com/boardmembers) for current contact)

Website: <https://www.cbaseball.com/page/show/6080436-cyb-financial-aid-policy>