



Financial Assistance Application

Fall 2009

Financial Assistance may be requested by Grapevine residents or GCISD residents for Recreational teams only (not Select teams)

Player(s) Name: _____
 Parent's Name: _____
 Address of Residence: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ E-mail: _____

I (or a member of my family) will be willing to volunteer my time at the concession stand during this season. I understand the Commissioner of Concessions will be contacting me to assist with the concession stand.

I also have an interest in helping with: _____

Grapevine Youth Baseball has limited funds available to help players with registration fees. This program is available to help families in a temporary need, and is reviewed on a year-to-year basis against other demands on the Association funds. Although the Association would like to help everyone, it is impossible to meet all the demands on this fund. This scholarship program has been started to reinforce in the youth the important values of earning the assistance. The Association believes your family will reap great rewards by honoring this agreement. This work agreement may be fulfilled by any or all members of your family. It is understood that you will be contacted to assist. You should also know that the degree to which you honor this agreement will be part of the scholarship review in future seasons. Special circumstances involving natural disasters, etc., will be reviewed by the GYB Executive Board.

I certify that the information listed on this form is true and correct. I understand that providing false information can result in immediate termination of financial assistance.

_____	_____	_____	_____
Signature of Parent or Guardian	Date	Signature of GYB representative	Date

Complete this form and a registration form for each player and attach a copy of **one** of the following documents:

- School district letter that states applicant receives free or reduced priced meals at school
- Current tax return and payroll check stub
- Participation in Grapevine's HERO program
- Letter of qualification from GRACE - <http://www.gracegrapevine.org/>

All forms (Financial Assistance Application, Registration Form(s) and documentation of need) may be faxed to 817-251-1345 or mailed to P. O. Box 1732, Grapevine, TX 76099. Upon review of submitted information, you will be contacted regarding this request for financial assistance.

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This application to be maintained in the Confidential Scholarship Application File