

BAYB Scholarship Application

Date: _____	
Name of Player: _____	DOB/Age _____
School _____	Grade _____
Parent/Guardian Name (1) _____	
Parent/Guardian Name(2) _____	
Address _____	
Phone (1) _____	Phone (2) _____
Email (1) _____	Email (2) _____

Has Player Previously been associated with BAYB? YES/NO If YES when _____

Has Player previously received a scholarship from BAYB? YES/NO If YES when _____

REQUEST FOR FEE WAIVER

My child is currently enrolled in a public assistance program such as Free or Reduced Lunch, Foster Care, or Medicaid. I request a fee waiver for the Broken Arrow Youth Baseball Scholarship Program.

I understand that I must submit proof that I am receiving services. All information is private and confidential.

I UNDERSTAND THAT IF I RECEIVE A SCHOLARSHIP FROM BAYB, THERE ARE OTHER FEES ASSOCIATED WITH MY CHILD PLAYING BASEBALL INCLUDING BUT NOT LIMITED TO UNIFORM OR EQUIPMENT COSTS AND I WILL STILL BE REQUIRED TO PARTICIPATE IN THE MANDATORY

PARENT OR GUARDIAN INITIAL _____

APPLICANT SIGNATURE:

DATE

APPROVED/DENIED Date _____

Name of BAYB Representative _____ Title _____