



FIVE CITIES YOUTH BASEBALL

*where the **PLAYER** comes first!*



Scholarship

Introduction

Five Cities Youth Baseball (FCYB) firmly believes that each child who wishes to play baseball should be entitled to do so regardless of skill, gender, or financial circumstances. Our league will not deny any child a chance to play baseball due to a financial hardship.

FCYB Scholarship Program

To aid parents who may need assistance with registration fees, FCYB will provide full or partial scholarships to cover registration fees.

How to Apply for a Scholarship

The scholarship request process is very straightforward. To ensure proper due diligences, every scholarship request is examined and assessed on its own merit.

1. Once the scholarship form has been submitted, FCYB registration committee will review the request.
2. The Scholarship Review period can take up to 7 days to complete.
3. Within 5 days: The Scholarship/Registration Committee will respond indicating the scholarship has been received, as questions, and/or ask for additional documentation.
4. Within 7 days: The Scholarship/Registration Committee will respond via email with a decision on the scholarship request.

Terms and Conditions

If the scholarship request is approved, the following terms and conditions will apply:

1. The scholarship covers the registration fee only for the current season.
2. Parent or legal guardian agrees to “re-pay” the league through volunteering 20 hours per season in the snack shack & sell a minimum of 5 calendars. Hours can be in any lumps sum (i.e.; 10 two hour shifts/ 5 four hour shifts/ etc.) that fits your schedule. Names and hours will be forwarded to the snack shack coordinator to track.
3. The player must meet all residence and proof age requirements. All required documents must be verified on or before any skill evaluations take place.
4. A registration form must be completed for the player – providing essential details including address, contact information and medical authorization.



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Date: _____

Child's first and last name: _____

Birthdate: _____ Age: _____ School: _____

How much can you afford to pay? _____

Financial Hardship Explanation:

I/We the parents or legal guardian of the player named above, attest tot the truth for the above information to the best of my/our knowledge. I/We acknowledge by signing this request to comply with the terms and conditions on the previous page.

Signature

Printed Name

Email address

FOR OFFICAL USE ONLY	
Scholarship received by: _____	Date: _____
Season: Spring / Fall	System updated: Yes / No
Additional information requested? _____	
Outcome: Approved / Denied	Date parent notified: _____