



Longmont Baseball League

P.O. Box 65 ~ 100 10th Ave. ~ Longmont, CO. 80502
 ~ 720-684-6286 ~ fax 720-684-6536 ~

Application for Scholarship Support

The Longmont Baseball League strongly believes no child shall be denied an opportunity to play baseball due to lack of resources. The LBL offers financial support to players who will play directly for an LBL sponsored team and must reside within the St. Vrain Valley school district.

There will be no full registration financial support granted to applicants. If a family qualifies for financial support the total amount granted will not exceed 80%. Financial support covers the LBL registration fees only, it does not extend to help players with equipment or tournament fees. The amount of financial assistance is determined using a sliding scale which takes into consideration the size of the family and annual income. Please note all participants recreational or competitive are entitled to the equivalent financial support although the registration fee for competitive baseball is greater than the registration fee for recreational baseball.

League	Fee	Maximum amount supported by the LBL	League	Fee	Maximum amount supported by the LBL
Competitive			Recreational		
AAA & AA	\$275	\$120	T-ball 5 & 6	\$100	\$65
HS Short season	\$125	\$55	MP 7 & 8	\$115	\$80
Tourney only	\$175	\$75	9 & 10	\$145	\$110
			11 & 12	\$155	\$120
			13 & 14	\$155	\$120
			15 - 17	\$160	\$125

Updated Jan. 2015

It is imperative that Scholarship applications are received promptly; each division is allocated a pre-determined amount of funds.

The Financial support and the registration deadlines coincide. Applications received after the registration deadline will be reviewed on a first-come first-served basis and aid will be awarded if funds are still available.

The LBL will review each application and notify the applicant within 14 days of receiving the application. Each application must be accompanied with the proper supporting documents to be eligible for review. The balance not funded by assistance must be paid , or a payment plan must arranged, before your is placed on a team. Failure to pay the balance in full or meet any payment plan requirements without consent from the LBL may result in the scholarship being revoked.

The LBL views the Scholarship program as an investment in our community. Recipients are expected to be fully committed to their teams. This includes attending practices, games and team events. Failure to fulfill this commitment may result in the assistance being revoked and full payment may be required.

The LBL reserves the right to make changes in the amount of support awarded in exceptional circumstances.

A new application must be completed for each season.

Required Documents

In order to make an informed decision about the application the LBL requires proof of financial need. The more information you provide the easier it will be to determine assistance. The following is a list of documents that can be submitted to better understand your financial situation, please supply copies of at least 1 document:

Copy of current pay stub(s) for persons living in the household

Copy of latest tax return

Proof of receiving Supplemental Nutrition Assistance Program (SNAP)

Proof of receiving WIC Benefits

Proof of receiving food stamps

Proof of receiving Medicaid

Proof of receiving SSI

Proof of child receiving free and reduced lunch

****Please Note:** Approval of assistance does not register the player in the activity. You must still register the player. Complete the registration process until payment is required. At this point choose pay by check and print and mail/email/fax or drop the scholarship form off at the Longmont Baseball Office **BEFORE THE REGISTRATION DEADLINE.**



League
Age
Amount
Initial

Longmont Baseball League

Scholarship Support Application

All information will be kept strictly confidential

Parent/Guardian Names: _____

Current Address: _____ City: _____ ZIP: _____

Phone (h): _____ Phone (c): _____ Phone (w): _____

Email Address: _____

Total Number of Persons Living in Household: _____

Your Family Income from Work **BEFORE** Tax and Social Security Deductions:

- 🍏 \$0 - \$20,000
- 🍏 \$20,001 - \$25,000
- 🍏 \$25,001 - \$30,000
- 🍏 \$30,001 - \$35,000
- 🍏 \$35,001 - \$40,000
- 🍏 \$40,001 - \$50,000
- 🍏 \$50,001 - \$60,000
- 🍏 \$60,001 - \$70,000
- 🍏 \$70,001 or more

Does your child qualify for the school lunch program this school year? **YES** or **NO**

Does your family receive subsidy income such as free housing, food stamps, etc.? **YES** or **NO**

I request support for the following children:

<u>Child's Name</u>	<u>Age Group (5,6,7,8,9,10)</u>	<u>Division Rec, AA, AAA, Fall</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly state, in your own words, why your child would not be able to play baseball in Longmont Baseball League without a financial support:

I, the undersigned, certify that the information I have provided is true to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Email, Mail or Fax Completed Application and Required Documents to:

Longmont Baseball League
PO Box 65
Longmont, CO 80502-0065

Phone: 720-684-6286
Fax: 720-684-6536
Email: lorri@longmontbaseball.org