

# Sartell Baseball Association

## Financial Assistance

### Application

*(A separate application for each member of family applying is required) Application must be fully completed. Completed applications can be sent to: Samantha Hemmesch at samanthahemmesch@yahoo.com*

**Player information** Name:

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Current level (circle one): K-2 League, CMCBL, Gopher State

**Parent/Guardian information** Mother's name:

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Address:

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Phone: \_\_\_\_\_ Email:

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Mother's Employer:

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Annual Income (from all sources: wages, disability, alimony, child support, rental income, etc.):

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Father's name:

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Address:

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Phone: \_\_\_\_\_ Email:

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Father's Employer:

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Annual Income (from all sources: wages, disability, alimony, child support, rental income, etc.):

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Child lives with: both parents \_\_\_\_\_ mom \_\_\_\_\_ dad \_\_\_\_\_ other  
(specify) \_\_\_\_\_

Type of assistance requested: Scholarship \_\_\_\_\_ Alternative payment plan (explain)

\_\_\_\_\_

Other (explain)

\_\_\_\_\_

I am able to pay \$ \_\_\_\_\_ toward the annual  
registration fees.

Is your player currently registered with fee paid? Yes  
No

If yes, amount:

\_\_\_\_\_

Have you received financial assistance from SBA before? Yes No

If yes, when?

\_\_\_\_\_

Do you qualify for AFDC, reduced school lunches or food stamps? Yes  
No

If yes, which one(s)?

\_\_\_\_\_

Explain your hardship and why assistance is needed. If you have received assistance for more than one  
season provide information to help us understand why your need is more than a temporary hardship: (use  
back of form if necessary)

*I verify that all of the information provided is true and accurate. The information contained on this form is considered privileged and will be held in confidence. I understand that SBA reserves the right to obtain further information necessary to make a determination of financial assistance award. I understand that I must make payments on time if granted an alternative payment plan. I may also be required to complete additional volunteer hours through the association.*

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

*I understand that if approved I am still required to complete DIBS hours as required by league, a deposit check may or may not be required it will be reviewed on case by case basis, however failure to complete required DIBS hours may make me ineligible to apply for future financial assistance.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrative

use only

Date received \_\_\_\_\_ Amount

awarded \_\_\_\_\_ Alternative payment

plan \_\_\_\_\_ Authorized

signatures: President

\_\_\_\_\_

Treasurer \_\_\_\_\_