

RYBA REQUEST FOR FINANCIAL ASSISTANCE

Financial assistance is available to assist those players who are not able to afford the total costs associated with playing youth baseball. Financial assistance is limited to the player registration fee and fundraiser (K-3 \$90, 4-8 \$130). In order to spread the assistance as far as possible, we ask each family seeking aid to pay as much as they can afford.

The primary criterion for qualifying for financial assistance is eligibility/participation in the Free and Reduced Lunch Program. Please submit a copy of your letter with this request. If there are unusual circumstances and your child is not currently enrolled in the Free and Reduced Lunch program, you may submit a letter explaining your situation. Please provide as much information as possible to justify your request (tax forms, pay statements, medical records). **RYBA will determine the amount of aid granted based on the information provided.**

Applications for financial assistance must be made by a player's parent or guardian. Financial assistance applications will be held in confidence between the parent/guardian and RYBA.

Receipt of financial assistance for a season does not guarantee financial assistance will be provided subsequent seasons; a new request must be submitted for each season.

PLAYER INFORMATION

Name	
Grade	

PARENT/GUARDIAN CONTACT INFORMATION

Name	
Phone Number	
Email Address	

REQUEST INFORMATION

Amount of Assistance Requested	\$
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FREE AND REDUCED LUNCH PROGRAM ACCEPTANCE LETTER. **Please submit a copy of your letter of eligibility for the Free and Reduced Lunch Program with this request.** You can obtain a copy of your letter from Student Nutrition Services (SNS) of ISD 535.

PLAYER REGISTRATION FORM: Please include with your request, available at <http://www.rybamn.com>.

DEADLINE FOR SUBMISSION: Postmarked by March 31. Please remember that aid will be granted on a first-come, first-served basis, based on acceptance of each requestor's reason for eligibility.

PARENT/GUARDIAN ACKNOWLEDGEMENT: By signing below, I acknowledge that I have read this form and understand the terms of being considered for financial assistance for RYBA youth baseball programs.

Parent/Guardian Signature

Date

Mail to: RYBA, PO Box 6631, Rochester, MN 55903
Questions: rybamn@rybamn.com