



Loveland Youth Baseball Organization  
P.O. Box 201  
Loveland, Ohio 45140

## FINANCIAL ASSISTANCE REQUEST FORM

DATE: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_

PARENT/ GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

### 1. Type of Financial Assistance Being Requested:

- Installment Payments (*Registrant Agrees to Make Monthly Installment Payments*)
- Deferred Payment Terms (*Registrant Agrees to Pay Full Amount at a Future Date*)
- Partial Scholarship (*Registrant Pays 25% or 50% of Fee, and LYBO Covers Balance*)
- Total Scholarship (*LYBO Pays Full Registration Fee*)

### 2. Reason for Request (Explanation of Your Circumstances)

### 3. In Consideration of LYBO Financial Assistance, Are You Willing to Volunteer in any Capacity? (Examples may include equipment/uniform distribution, field maintenance, field scheduling, etc.) **Yes / No**

### 4. If Yes, Please Explain:

#### PROCEDURE:

1. Completely fill out this form and sign as required.
2. Submit the application and mail to L.Y.B.O. at P.O. Box 201, Loveland, OH 45140
3. The LYBO Board will confidentially review all requests, and a decision will be made on the request for financial assistance.
4. Notification of the decision will be sent to the parent/guardian of the player.