



Half Moon Bay Little League Financial Assistance Request Form

Half Moon Bay Little League is a non-profit, all volunteer program. We strive to provide baseball opportunities to coastside youth in a fun and safe environment. Our basic policy is that parents/guardians should finance their children's registration fee for participation, uniforms, awards, fields, umpires, etc 'to the extent they are able'. But it is also our belief that every child be provided access to youth baseball no matter their financial situation. Each year the Board diverts money to establish a financial assistance fund for families who are not able to pay for all or part of their child's registration in order to participate. Because limited are funds available, financial assistance will go to families while funds remain available remain available.

Criteria

1. Parents/guardians must complete the Financial Assistance Request Form.
(Information provided will be held PRIVATE & CONFIDENTIAL - it will NEVER be shared with any government official or ANYONE outside of Little League)
2. Applications will be reviewed until available funds have been distributed.
3. Amount and type of previous volunteer work and commitment to do volunteer work this year by the applicant family is an important factor in receiving financial assistance. Failure to meet previous volunteer commitments or not volunteering this year without sufficient reason will jeopardize financial assistance.
4. Baseball is a team sport, and players who are granted financial assistance are expected to participate fully in the season to support their team. Players who were granted financial assistance in the past but then failed to be an active participant during the season without a sufficient reason will not be eligible for future financial assistance.

To request financial aid, please complete this Request Form (fillable pdf form, scanned or a picture) and email to bob.baer@outlook.com or text to 650.438.9058.

Contact: Registration Coordinator: Bob Baer; bob.baer@outlook.com

Financial Aid Approvers

- President: Jon Rose; jrose415@gmail.com
- Vice-President: Anthony Sprotti; anthony.sprotti@gmail.com

Website: www.hmbbaseball.org



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- (1) Type in your answers to this form and print or save or
(2) Print out this blank form and fill in your answers**

1. Child's name(s):
2. Birth Date:
3. Parent/Guardian Name(s):
4. What year(s) has your child played in HMB Little League before:
5. How did your family volunteer in HMB Little League in the past?

6. How will your family volunteer in HMB Little League *this year*?

7. How many dollars, if any, of the registration fee can you comfortably afford to pay?
8. Please tell us a little bit about your situation and why you are requesting financial aid:

COMPLETELY OPTIONAL

9. Is your family currently receiving financial assistance from the government such as school lunch program / unemployment / WIC / CalFresh / other?

HMBLL USE ONLY

Request

Date Received:

Participant Division:

Financial Assistance Request Amount:

Review & Decision

Reviewer/Approver Name:

Reviewer/Approver Title:

Date:

Approved (type Yes or No):

Comments: