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**Villa Park Youth Baseball Association, Inc.**  
P.O. Box 6264 • Villa Park, IL 60181

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## FINANCIAL AID APPLICATION

For Youth Baseball & Softball League Registration Fees  
(Please complete one application per season.)

**Date of Submission:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

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## FINANCIAL INFORMATION

Please provide details for all household members and sources of income.  
Attach proof of income (e.g., recent pay stub, benefit letter, or tax return).

**If applicable, list your family's Food Stamp and/or AFDC case number(s):**

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Household Member	Gross Monthly Earnings (Before Deductions)	Monthly Welfare / Child Support / Alimony	Monthly Pension / Retirement / Social Security / Other
<b>TOTALS:</b>			

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## PROGRAM INFORMATION

Please select the program for which you are requesting financial aid:

☐ **Spring/Summer League**      ☐ **Fall League**

**Total Program Cost:** \$ \_\_\_\_\_

Attach the following to your application:

☐ Proof of Residency      ☐ Signed Waiver/Consent Form

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## CERTIFICATION & AGREEMENT

I certify that all information provided in this application is true and accurate, and that all income has been fully reported. I understand that:

- Submitting this form does **not** automatically guarantee financial aid.
- A **new application** must be completed for each league season aid is requested.
- All information and supporting documentation may be verified by Villa Park Youth Baseball Association (VPYB) officials.
- Any deliberate misrepresentation may result in revocation of financial aid and/or participation privileges.

**Signature of Parent/Guardian:** \_\_\_\_\_

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

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## APPLICANT INFORMATION

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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