

# **WESTERVILLE YOUTH BASEBALL AND SOFTBALL LEAGUE**

*Serving our Community's Young People Since 1951*

*P. O. Box 1198  
Westerville, Ohio 43086-1198*

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## **PAYMENT PLAN AND/OR SCHOLARSHIP FEE ASSISTANCE PROGRAM GUIDELINES**

Westerville Youth Baseball and Softball League ("WYBSL" or "League") has established the following guidelines to assure that all interested residents are able to consider registration of their children in the recreational programs of the League, regardless of financial circumstances.

1. The Payment Plan and/or Scholarship Fee Assistance Programs are limited to those parties who reside within the geographical boundaries of the Westerville City School District.
2. These programs are only available for basic Registration and Fields Fund fees in the WYBSL Spring/Summer and Fall recreational boys' baseball, girls' softball and Tee-Ball leagues. Personal, team or supply costs (including, but not limited to shorts or baseball pants, shoes, gloves and personal equipment) and fees and costs for other WYBSL opportunities, such as the Stars program and other extra programs, are not eligible for consideration.
3. If approved, deferred payment(s) under the Payment Plan Fee Assistance Program may be granted for a period not to exceed 60 days from the date of registration. A minimum of thirty-five percent (35%) of total fees must be paid at the time of registration. Each application is considered on an individual basis for the amount and number of deferred payments to be allowed, if any.
4. Scholarships may be granted for the full fees or for a portion of the fees. Each application is considered on an individual basis for the amount of scholarship to be awarded, if any.
5. Applications for the Payment Plan and/or Scholarship Fee Assistance Programs may be obtained at a registration session or on the WYBSL website ([www.wysl.org](http://www.wysl.org)). Applications must be fully completed and submitted to the League with the registration form of participants – **but no later than the regular registration postmark date**. Scholarship applicants must attach a copy of the free or reduced school lunch eligibility form (if none, a copy of the most recent Federal Tax Return).
6. Completed applications should be sent to: WYBSL Fee Assistance, P.O. Box 1198, Westerville, OH 43086-1198, or brought to a walk-in registration session. After consideration by the League, applicants will be notified by the League of its decision regarding disposition of the application request.
7. WYBSL may make further requests for information before considering applications, has sole discretion in the consideration, granting or declination of assistance and any decision made by WYBSL is final and not appealable. Applicants are required to indemnify and hold the League and others harmless in this matter as a part of signing the application.
8. If you have any questions about the programs, please send an e-mail message to us at **[cfo@wysl.org](mailto:cfo@wysl.org)**. As an alternate, you may call the League at 614/523-6101, and leave a message using menu option 4. Messages and calls will be returned as quickly as possible.
9. A new application is required each season, but the school lunch eligibility form or Tax Return will remain on file for the current calendar year. The Scholarship Fee Assistance Program award may not exceed \$130 per year per participant.

**WESTERVILLE YOUTH BASEBALL AND SOFTBALL LEAGUE**

**RECREATIONAL LEAGUES: BOYS' BASEBALL – GIRLS' SOFTBALL – TEE-BALL  
APPLICATION FOR PAYMENT PLAN OR SCHOLARSHIP FEE ASSISTANCE**

**1. APPLICANT (Parent or Legal Guardian) INFORMATION      Date: \_\_\_/\_\_\_/\_\_\_**

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Applicant Relationship to Participant (Check One):     Parent                       Legal Guardian

This Application is for which season (Check One):     Spring/Summer     Fall

**2. PARTICIPANT (Player) INFORMATION**

<u>Name</u>	<u>Date of Birth</u>	<u>Boy or Girl?</u>	<u>League of Play</u>	<u>Total Fee</u>
_____	___/___/___	_____	_____	\$ _____
_____	___/___/___	_____	_____	\$ _____
_____	___/___/___	_____	_____	\$ _____

Address of Participant(s) if different: \_\_\_\_\_

**PLEASE COMPLETE SECTION 3 OR SECTION 4 AS APPLICABLE TO YOUR REQUEST**

**3. REQUEST FOR PAYMENT PLAN FEE ASSISTANCE**

I ask that I be allowed to pay all Total Fees according to the following schedule:

Time of registration: \$ \_\_\_\_\_      30 Days After: \$ \_\_\_\_\_      60 Days After: \$ \_\_\_\_\_

Please explain why you believe that you would qualify for consideration of payment plan fee assistance:

\_\_\_\_\_  
\_\_\_\_\_

**4. REQUEST FOR SCHOLARSHIP FEE ASSISTANCE**

I ask that my participant(s) be considered for participation under the Scholarship Fee Assistance Program.

I am able to pay the following portion of the Total Fees:

Time of registration: \$ \_\_\_\_\_      30 Days After: \$ \_\_\_\_\_      60 Days After: \$ \_\_\_\_\_

Please explain why you believe that you would qualify for consideration of scholarship fee assistance:

\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of the free or reduced school lunch eligibility form (if none, attach most recent Federal Tax Return). A new application is required for each season.

**5. CERTIFICATION OF PARENT AND/OR LEGAL GUARDIAN**

As Applicant to the WYBSL for assistance under the Payment Plan and/or Scholarship Fee Assistance Program, I hereby certify that all written and verbal information given to League personnel in this application, attachments hereto, and otherwise given, to be truthful and accurate. I understand and agree that the WYBSL may make further requests for information before considering this application, has sole discretion in the consideration, granting and/or declination of assistance as a result of this application and that any decision made by WYBSL is final and not appealable. I agree to indemnify and hold WYBSL, its trustees, officers, staff and all volunteer workers harmless from and against any claim, demand and liability of any kind related to this matter.

Signature of Parent or Legal Guardian: **X** \_\_\_\_\_