

Grapevine Baseball and Softball Financial Assistance Application

Financial Assistance may be requested by Grapevine residents or GCISD residents for Recreational teams only.

Player Name:	Home Phone:
Address of Player:	Cell Phone:
Parent/Guardian Name:	Work Phone:
Parent Email:	<u> </u>
I understand that I, or a member of my family, may season. I understand that I may be contacted by GBS	1 ,
I can contribute \$ to my child's regi	stration fee (\$50 minimum).
Grapevine Baseball and Softball has limited funds as program is available to help families in a tempora against other demands of programs funds. Although impossible to meet all demands. Recipients of GBS organization during the season as needs are determined.	ary need, and is reviewed on a year-to-year basis gh the program would like to help everyone, it is S Financial Assistance may be asked to assist the
I certify that the information listed on this form is the information can result in immediate termination of the information of	1 0
Signature of Parent/Guardian	Date
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Complete this form and submit a copy of **ONE** of the following documents:

- School district letter that states applicant receives free or reduced priced meals at GCISD
- Participation in Grapevine's HERO Program
- Letter of qualification from GRACE 0 http://www.gracegrapevine.org

All forms (this application and one the documents above) may be emailed to atredaway@grapevinetexas.gov or turned into Andrea Tredaway at The REC of Grapevine. Upon review of submitted information, you will be contacted, via email, regarding the request for financial assistance.