



PO Box 276 – Tobyhanna, PA 18466  
Telephone: 570.972.1276  
Email: [tobyll@tobyhannalittleleague.org](mailto:tobyll@tobyhannalittleleague.org)

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Dear Parent or Guardian,

The Tobyhanna Athletic Association can provide financial assistance to assist families going through temporary financial hardships or set backs thus enabling their child(ren) to have an educational and fun baseball/softball experience.

In order to apply, please fill out the enclosed application(s) completely and return it to us at the address shown at the top of this letter. In addition, we request that you volunteer your time to assist us in one of our administrative or operational areas.

There are many areas where we can use additional help. For example, you can help out with our concession stand or with our fundraising efforts. You may be interested in umpiring or assisting us with our open registration. These are just a few of the areas where we can use additional help. The amount of time will be based on the amount of financial aid we are able to provide to your family, and you will be given the opportunity to choose the area along with the timeframe.

Upon receipt of your application, we will promptly review it and let you know in writing of our decision as well as the terms of the award. All information provided will be kept in strictest confidence and no one, other than the Board of Directors, will know that your child(ren) have received financial assistance from the Tobyhanna Athletic Association.

Please understand that due to the limited resources of our Financial Aid Program, we can provide partial funding of the registration fee. This enables us to assist more families, thus providing more children with a quality experience. All requests will be reviewed on a first come first served basis and subject to the approval of our Board of Directors.

If you have any questions or concerns, please feel free to contact me at 570-972-1276 or via email at [tobyll@tobyhannalittleleague.org](mailto:tobyll@tobyhannalittleleague.org).

Sincerely,

Micky Denig  
Treasurer  
Tobyhanna Athletic Association

Visit us on the internet at <http://www.tobyhannalittleleague.org>



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## Financial Aid Application

**Information About Your Child:** (Please complete one (1) application for each child. Please copy as needed.)

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
           Last                                      First                                      MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian Information

Parent #1		Parent #2	
Name		Name	
Home Phone	( )	Home Phone	( )
Work Phone	( )	Work Phone	( )
Cell Phone	( )	Cell Phone	( )
Email		Email	
Occupation		Occupation	
Volunteer	<input type="checkbox"/> If checked, fill out "Volunteer Application"	Volunteer	<input type="checkbox"/> If checked, fill out "Volunteer Application"
Area of Interest		Area of Interest	

Other Persons Residing In Household	Age	Relationship

Do you have another child participating in our program?  Yes  No

If yes, are you applying for assistance for this child?  Yes  No

Child's Name \_\_\_\_\_

Amount you can contribute to your child's fee? \_\_\_\_\_

**"I certify that the information provided on this application is complete and true to the best of my knowledge"**

Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_

Do Not Write In This Area				
Approved / Date	Amount Awarded	Volunteer Hours	Volunteer Application	Volunteer Area Requested
<input type="checkbox"/> Yes			<input type="checkbox"/> Yes	
<input type="checkbox"/> No			<input type="checkbox"/> No	