

Pay to Participate
Pay to Participate Scholarship Fund
Application for Full or Partial Waiver
2022-2023

NAME OF STUDENT _____ GRADE _____
Last Name First Name

****You must complete all information and BOTH the student and parent/guardian must sign the application or it will not be considered.**

SIGNATURE OF STUDENT

SIGNATURE OF ADULT HOUSEHOLD MEMBER

RELATIONSHIP TO STUDENT

ADDRESS

PHONE NUMBER

This application (for any sport played during 2022-2023 school year) must be turned in to the Athletic Office.

DO NOT WRITE BELOW THIS LINE

ATHLETIC IDENTIFICATION NUMBER _____

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DO NOT WRITE ABOVE THIS LINE

For which sport are you applying? _____

How much are you applying for? _____ 1/2 Fee _____ Full Fee

Will you participate in another Sport (s)? _____

Which one (s)? _____

Do you have other members of your immediate family participating in sports that you will applying for assistance for? _____

List names, levels and sports that they will participate in

NAME	LEVEL	SPORT (s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part A

Does the family of this student receive:

(1) Food Stamps?-----YES or NO
If yes, give case number _____

(2) OWF?-----YES or NO
If yes, give case number _____

(3) Free lunch from the Ashland City Schools?-----YES or NO

(4) Reduced lunch from the Ashland City Schools?-----YES or NO

If you have answered YES to any of the preceding questions, you do not need to continue. Just turn in the application in a sealed envelope.

If you have answered NO to all of the above questions, please continue. ALL APPLICATIONS WILL BE CONSIDERED.

Part B

INCOME: List all income received last month on the same line with the person who received it. You must list gross income before deductions (ie: taxes, social security, etc.). List each amount under the correct title and list your household's total monthly income. Please note that you will be asked to verify via tax return your income and dependents.

ATHLETIC IDENTIFICATION NUMBER _____

_____ APPROVED
_____ NOT APPROVED
_____ AMOUNT APPROVED

DO NOT WRITE ABOVE THIS LINE

List all household members by first name only	Under 21	Over 21	Earnings before work deductions
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			

If there are any unusual circumstances that should be considered please explain in the space below. Explain it enough to make your point, but try to leave out anything that could identify you to the outside third party doing the evaluating.

All information will remain confidential.

Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All other income last month	Place or type of employment

