

Pay to Participate  
Pay to Participate Scholarship Fund  
Application for Full or Partial Waiver  
2024-2025

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 2024-2025 school year) must be turned in to the Athletic Office.

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DO NOT WRITE BELOW THIS LINE

ATHLETIC IDENTIFICATION NUMBER \_\_\_\_\_

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

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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.

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**All information will remain confidential.**

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

Pay to Participate Scholarship Fund  
Application Result for Pay to Participate Fee

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Financial aid for the following sports:

\_\_\_\_\_

Your application for partial or full waiver of the pay to participate fee has been received and reviewed.

Please refer to the box below to determine the results of your application.

Thank You.

Approved, Full Fee

Approved amount of \$\_\_\_\_\_ for the sport of \_\_\_\_\_.  
Please remit check or money order immediately for the remaining balance of \_\_\_\_\_ for the upcoming sports season. Make checks payable to Ashland High School. Please send to: Athletic Department, Ashland High School, 1440 King Road, Ashland, OH 44805.

Not approved

Not approved, not enough information was provided.

**If your application was not approved, you may still sign your student up for a particular sport. Just fill out the enclosed registration form and send a check or money order to the Athletic Department at Ashland High School, 1440 King Road, Ashland, OH 44805.**