

Pay to Participate
Pay to Participate Scholarship Fund
Application for Full or Partial Waiver
2025-2026

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 2025-2026 school year) must be turned in to the Athletic Office.

DO NOT WRITE BELOW THIS LINE

ATHLETIC IDENTIFICATION NUMBER _____

ATHLETIC IDENTIFICATION NUMBER _____

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

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

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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.