Final

OHIO HIGH SCHOOL ATHLETIC ASSOCIATION
4080 Roselea Place
Columbus, Ohio 43214
(614) 267-2502
Fax (614) 267-1677
www.ohsaa.org

REQUEST FOR SELF-SUPPORTING STATUS – 2014-2015 SCHOOL YEAR

NOTE: All students must comply with all eligibility standards found in Bylaw 4, including Bylaw 4-6-3 which requires that a parent (adoptive or biological) reside in the state of Ohio.

1. School Information: Date of Request_____

School_____

Address/City/Zip_____

Principal_____Telephone (_____)_____

2. Student Information:

Name_____

Address/City/Zip_____

Grade_____ Age_____ Telephone (_____)_____

School from which the student is transferring _____

3. Landlord Information:

Name_____ Telephone (_____)_____

Address/City/Zip_____

ATTACH notarized statement that he/she is the landlord of self-supporting student. Landlord may NOT be a relative of the student.

4. Work Information:

Employer Name_____

Business_____

Address/City/Zip_____

Telephone (_____)_____ Hourly Wage_____

Hours Worked Monthly_____ Monthly Wage_____

ATTACH notarized statement that he/she is the employer of self-supporting student. Employer may NOT be a relative of the student.

5. ATTACH copy of check(s) earned monthly. $500.00 MINIMUM (NET)
6. Bank Account Information: (Student must open checking account)

Bank Name_____

City_____Telephone (_____)_____

ATTACH copy of check paid to landlord for rent.

7. ATTACH copy of receipt from landlord.
8. ATTACH grocery receipts.

NOTE: Items #5, 6, 7, and 8 must be submitted to the OHSAA monthly by the high school principal. Self-supporting status eligibility will be granted monthly.

Approved_____ Denied_____ Date_____ _____
OHSAA Authorized Signature