



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING EXCEPTION 4, SELF-SUPPORTING STATUS, REQUEST- 2025-26

SCHOOL ADMINISTRATORS: Please complete this form and return it, **along with the required documentation** (See Item 6), to the OHSAA office via an email attachment, Attn: Ms. Kristin Ronai (kronai@ohsaa.org). **It is advised to submit the application two weeks prior to the 50% point of the season. No ruling is needed for a self-supporting student to participate during the first half of the season as long as they are eligible in all other respects (parent in Ohio, grades, etc.).** The student(s) will continue to be held accountable to the transfer consequence (i.e. sitting after the first 50% of maximum allowable regular season varsity contests and OHSAA tournament in all applicable sports) until a ruling is provided by the OHSAA office for the second half of the season.

NOTE: All students must comply with all eligibility standards found in Bylaw 4, including Bylaw 4-6-2 which requires that a parent (adoptive or biological) reside in the state of Ohio. In addition, a student who is receiving support from a benefactor may not be eligible for this exception. Self-supporting status eligibility, if approved, will be approved every 30 days with the submission of the appropriate materials.

1. School Information:

Date of Request _____

School _____

Address/City/Zip _____

2. Student Information:

Name _____

Address/City/Zip _____

Grade _____ Age _____ Telephone (____) _____

School from which the student is transferring _____ Transfer Date _____

Sports Played During 12 Months Preceding Transfer _____

Parent(s) Name and Address _____

District of Residence of Parents _____

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/benefactor 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 shall NOT be a relative/benefactor of the student.

5. Bank Account Information (Must be checking account in student's name)

Bank Name _____ City _____

6. ATTACH copies of the following documents (must be submitted to the OHSAA monthly by a school administrator):

- Check paid to landlord for rent.
- Receipt from landlord.
- Check(s) earned monthly. **\$500.00 MINIMUM (NET)**
- Copies of Bank Statements (reflecting 30 days prior to request).
- Grocery receipts.

FOR OHSAA OFFICE USE ONLY: Date of Decision - _____

☐ Ex. 4 Approved by
Executive Director's Office through
(date): _____

☐ Ex. 4 Denied by
Executive Director's Office
Please see attached letter.

Reviewed By: _____