

3/20/2020

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

**REQUEST FOR SELF-SUPPORTING STATUS – 2020-2021-SCHOOL YEAR**

**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 is not eligible for this exception.**

**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/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. 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, if approved, will be approved every 30 days with the submission of the appropriate materials.**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

OHSAA Authorized Signature

Next Report Due \_\_\_\_\_