

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

NOTE: All students must be in compliance 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. \$350.00 MINIMUM

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 will be granted monthly.

Approved _____ Denied _____ Date _____

OHSAA Authorized Signature