West Holmes High School and Middle School Activity Fee Application for Full or Partial Waiver

NAME OF STUDENT	[GRADE
	Last	Name	First Name	
			BOTH the student it will not be cons	and parent/guardian idered.
SIGNATURE OF STU	JDENT			
SIGNATURE OF AD	ULT HOUSEHOL	D MEMBER	RELA	TIONSHIP TO STUDENT
ADDRESS				
PHONE NUMBER				
For which sport are	e you applying?			
				Full Fee
Will you participat	e in another Spo	ort (s)?		
Which one(s)?				
				ng in sports that you
will applying for a	ssistance for?			
List names, levels	and sports that t	hey will part	icipate in	
NAME	LEVEL	SPORT (s	3)	

-See reverse side-

In order to be considered for financial assistance, please provide two reasons that you are requesting this assistance from the athletic booster club:

1.	 	 	
r			
2.	 	 	

Once you have completed this form, please return it in a sealed envelope to:

West Holmes High School Attn: Athletic Booster Club 10909 SR 39 Millersburg, OH 44654

Once your application has been reviewed by the executive board of the booster club, it will then be either approved for payment or declined and returned to the athletic department. In the case that your application has been declined, you will be contacted by someone from the West Holmes Athletic department to arrange for an alternate form a payment to be made.

This application must be turned in to the Athletic Booster Club for approval no later than one week prior to the Pay to Participate deadline.

*To ensure that your student athlete may participate in the first scheduled game/match, payment must be made to the athletic department by either the booster club or yourself.

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 each sport that applicant will participate in. Please remit check or money order immediately for the remaining balance (see fee schedule amount) of ______ for the upcoming sports season. Make checks payable to West Holmes Local Schools. Please send to: Athletic Department, West Holmes High School, 10909 SR 39, Millersburg, OH 44654.



Not approved



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 West Holmes High School, 10909 SR 39, Millersburg, OH 44654.