



Oregon School Activities Association  
25200 SW Parkway Avenue, Suite 1  
Wilsonville, OR 97070  
503.682.6722 fax: 503.682.0960 [www.osaa.org](http://www.osaa.org)



August 2009

TO: Superintendents, Principals, and Athletic Directors

FROM: Kyle Stanfield, OSAA Staff

SUBJECT: 2009-10 Financial Assistance Program

The OSAA is grateful to the Oregon Sports Authority for donating funds to provide financial resources that assist students participating in high school activities. The OSAA is very proud of this program and the generosity of the Oregon Sports Authority.

Deadlines have been established and a prioritization policy has been instituted. When applying for financial assistance please follow these guidelines:

1. Complete the form in its entirety.
2. Confirm the student is currently participating in the activity for which assistance is requested.
3. Indicate two (or more) criteria which support need for assistance.
4. Clearly describe how the funds will assist the student. e.g. waiver of fees, entry fee for non-athletic competition, purchase of uniform or equipment.
5. Return the form by the respective deadline.
6. Assist the student in sending appropriate letter of appreciation.

The OSAA is extremely fortunate to receive this financial assistance. Although the contribution is generous, it is not unlimited. Please carefully assess students' need and be selective with requests. Once the form is approved and processed by the OSAA, the school will receive a check with the students name noted. It is up to the school to ensure the funds are used for the described purpose.

Thank you for your help with this program.

*"Enhancing the Future of Oregon High School Activities"*





Oregon School Activities Association  
25200 SW Parkway Avenue, Suite 1  
Wilsonville, OR 97070

503.682.6722 FAX 503.682.0960 www.osaa.org

### Financial Need Application 2009 – 2010

OSAA Use	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied

Financial assistance may only be requested for students who are **currently** participating in an activity. Forms may be submitted each season after team rosters are final and must be received by the OSAA prior to the deadline. Late applications will not be processed.

**Send completed application to the OSAA (form must be submitted by requesting school).**  
**FAX: 503.682.0960 PLEASE DO NOT COMPLETE FORM IN PENCIL.**

**Deadlines: Fall: September 18, 2009 Winter: December 11, 2009 Spring: March 12, 2010**

Date \_\_\_\_\_ Amount Requested \_\_\_\_\_ Season Fall Winter Spring  
(Maximum \$50 per student) (Please circle one)

Student's Name (print clearly) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Activity \_\_\_\_\_ Year Circle one: 9 10 11 12

School \_\_\_\_\_ Principal \_\_\_\_\_

School Phone Number \_\_\_\_\_  
(Area Code and Number)

**Applicant must meet a minimum of two of the seven criteria – please check all that apply.**

- On free lunch program
- Parent(s) on welfare
- Living with handicapped parent
- Single Parent
- No parents
- Foster home
- \*Other special circumstances. Please describe special circumstances:

This application is ranked:   
(Please indicate 1, 2, 3, etc.)

Please describe how the requested funds will be used:

Signatures below verify the above information is accurate. *All signatures required for processing.*

\_\_\_\_\_  
Principal's Signature Date

\_\_\_\_\_  
Student's Signature Date

I hereby authorize release of this information to the Oregon School Activities Association.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date