JOHN OLIVER SECONDARY SCHOOL



ATHLETICS STUDENT FINANCIAL ASSISTANCE **APPLICATION FORM**



(REV. 09/23)
Complete the following, providing as much detail as possible. Applications are to be submitted to the Athletic Director, <u>PRIOR</u> to the beginning of the season of play for that sport/team. In order to assess individual applications, further information may be requested by the Athletic Director, the school's administration and/or counseling department. Applications reflecting legitimate need will be considered; it is the position of the school's athletic program that financial need should not be an impediment to student participation. Additional grants may be explored in addition to this direct application to the school in order to mitigate financial impact, such as KidSport and Jumpstart (2019).

NAME OF STUDENT:	
STUDENT #:	CURRENT GRADE:
ADDRESS:	
TELEPHONE #:	EMAIL:
NAME OF PARENT/GUARDIAN:	
ADDRESS: (If different from above)	
TELEPHONE #: (If different from abo	ove)
DATE OF REQUEST:	
	UNSELLOR/ADMINISTRATOR VERIFYING ANCE:
FORM OF ASSISTANCE	REQUESTED (check all that apply):
the total fee having to be completed	amount or complete waiving of fee and form of service
awarded may or may not be the same as requested in order to properly assess agree to meet the provisions of the ass	his is an application only and that the assistance is requested, and that additional information may be the specific application. By signing below, I also istance awarded and that I understand and accept ociated provisions for assistance may result inters involving fees-owing.
Student Signature	Date
Parent/Guardian Signature	Date