

REQUEST FOR OSSAA HARDSHIP ELIGIBILITY CLARIFICATION

FOR OFFICE USE
_____ Approved
_____ Disapproved
_____ Criteria
_____ Initial

Must be completed by the voting delegate or principal of receiving school

Check if student is overage.
 Applying for additional semesters(s)

Name of Student _____ School Attending _____

Date of first attendance _____ Date enrolled _____ Date of Birth _____ Age _____

Grade in school for which eligibility is requested. (Circle) 7 8 9 10 11 12

Is applicant a legal student in your district? Yes No Tuition ___ Transfer ___ Guardianship ___ Other _____

School district in which legal address of student is located _____

Residence Address _____ Home Telephone _____

With whom is student living (relationship)? _____

Did the student participate in any sport at the last school attended? Yes No Student's Height _____ Weight _____

What is the student's best sport? _____ Ability is below average ___ Average ___ Outstanding ___

What is the student's next best sport? _____ Ability is below average ___ Average ___ Outstanding ___

List school (s) attended in previous years with corresponding dates:

7th _____ 10th _____
 (Year) (School) (Year) (School)

8th _____ 11th _____
 (Year) (School) (Year) (School)

9th _____ 12th _____
 (Year) (School) (Year) (School)

If eligibility is denied, do you intend to continue attendance at the school requesting eligibility? _____

Principal or Voting Delegate should initial the following questions prior to sending the request to the OSSAA office.

- _____ I have reviewed the hardship waiver process with the family prior to this waiver being sent to the OSSAA office.
- _____ I have completed and included the *New Student Form* with this request.
- _____ I have contacted the previous school and they have sent the athletic eligibility information form to us and we have included it with this request. (This applies to out-of-state and non-member schools.)
- _____ I have included all background information as is requested to properly render a decision concerning this request.
- _____ This request is based on the criteria # _____ (Refer to hardship criteria listed on pages 62, 63, & 64)
- _____ Signatures of all parties appear on the *Hardship Eligibility Form* and on the *New Student Form*.
- _____ I understand that incomplete information submitted on the hardship forms will result in the hardship being denied due to lack of information.
- _____ I understand that incorrect information could cause eligibility to be revoked and could result in the forfeiture of contest(s) in which the student participated and other penalties imposed if deemed necessary.

Note: Questions not initialed will be viewed as incomplete and may cause hardship to be denied due to lack of information.

Student's signature _____ Date _____

Parent(s) or legal guardian's signature _____

Case submitted by: _____ Title _____ Telephone _____
 (Voting Delegate or Principal - **PLEASE PRINT**)

PRINCIPAL'S OR VOTING DELEGATE'S SIGNATURE _____

SCHOOL MAILING ADDRESS _____ ZIP _____

(Please provide **complete** school address on **every** hardship request.)

SHOULD THIS HARDSHIP BE DENIED, DUE PROCESS RIGHTS AND PROCEDURES CAN BE FOUND BY REFERRING TO THE OSSAA ADMINISTRATORS' HANDBOOK UNDER CONSTITUTION SECTION 6.