

# Jefferson Athletic Department Application for Pay to Participate

*To allow for processing, please have this form completed and turned in at least one week prior to the season.*

Athlete's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Total household's monthly income from all sources including wages, social security, etc. \$ \_\_\_\_\_

Number of person in family, including the student listed above? \_\_\_\_\_

Do any special situations exist which makes the family expenses greater than normal? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Requesting: Payment Plan \_\_\_\_\_ or Free/Reduced Payment \_\_\_\_\_

I hereby make application for pay to participate for \_\_\_\_\_  
Name of Sport

I certify that all of the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian Date

For Office Use Only

Not Approved \_\_\_\_\_

Approved \_\_\_\_\_

Amount Approved: Full \$ \_\_\_\_\_

Payment Plan \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Athletic Director Date

Notes: \_\_\_\_\_  
\_\_\_\_\_

*Payment Plan: First payment must be made before the first game or scrimmage (whichever comes first).*

*Payments are bi-weekly. Must be paid in full before the end of the season.*

*This information is confidential and the privacy of the application is strictly observed*