



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

503.682.6722 FAX 503.682.0960 www.osaa.org

## Student Assistance Application 2011-2012

<b>OSAA Use</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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Assistance may only be requested for students who are **currently** participating in an activity. Students will only receive assistance **once** per school year. Forms may be submitted each season after team rosters are final and must be received by the OSAA prior to the deadline. Late or incomplete applications will not be processed.

**FAX completed application to the OSAA (form must be submitted by requesting school)**

**FAX: 503.682.0960 PLEASE DO NOT COMPLETE FORM IN PENCIL**

<b>Deadlines:</b>	<b>Fall: September 15, 2011</b>	<b>Winter: December 8, 2011</b>	<b>Spring: March 15, 2012</b>
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**Date** \_\_\_\_\_ **Season**      Fall      Winter      Spring  
(Please circle one)

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

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

**School** \_\_\_\_\_ **Principal / AD** \_\_\_\_\_

**Shoe Size**  
Please circle one

	<b>Men's</b>	<b>8.0</b>	<b>8.5</b>	<b>9.0</b>	<b>9.5</b>	<b>10.0</b>	<b>10.5</b>	<b>11.0</b>	<b>11.5</b>	<b>12.0</b>	<b>13.0</b>	<b>13.5</b>	<b>14.0</b>
	<b>Women's</b>	<b>6.5</b>	<b>7.0</b>	<b>7.5</b>	<b>8.0</b>	<b>8.5</b>	<b>9.0</b>	<b>9.5</b>	<b>10.0</b>	<b>10.5</b>	<b>11.0</b>	<b>11.5</b>	<b>12.0</b>

**Clothing Size**  
Please circle one

	<b>Men's</b>	<b>SM</b>	<b>MED</b>	<b>LG</b>	<b>X-LG</b>	<b>2XL</b>	<b>Other:</b> _____
	<b>Women's</b>	<b>SM</b>	<b>MED</b>	<b>LG</b>	<b>X-LG</b>	<b>2XL</b>	<b>Other:</b> _____

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

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| <input type="checkbox"/> On free / reduced lunch program<br><input type="checkbox"/> Parent(s) on welfare<br><input type="checkbox"/> Living with handicapped parent<br><input type="checkbox"/> Single Parent | <input type="checkbox"/> No parents<br><input type="checkbox"/> Foster home<br><input type="checkbox"/> *Other special circumstances. Please describe special circumstances: |
|--|--|

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

Principal or AD's Signature	Date	Student's Signature	Date
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I hereby authorize release of this information to the Oregon School Activities Association.

Parent/Guardian's Signature	Date
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