



Walled Lake Consolidated Schools

2023-24 Pay to Participate

Financial Assistance Application



COMPLETE ONE APPLICATION PER STUDENT ATHLETE

Student _____	School _____
Address _____	Grade _____
City, Zip _____	Sport(s) _____
Daytime Phone _____	Today's Date _____
Guardian _____	Email _____

1. BOTH of the following criteria must be met and documentation received in order to qualify for 50% financial assistance:

- Included with this application the Guardian must provide the most recent property tax statement/SEV (not to exceed \$176,099) **OR** verification of monthly rent (not to exceed \$2,385/month) of the home in which student resides. **Please attach this documentation to this application. If documentation is not received application will be denied.*
- Included with this application the Guardian must provide the approval letter received for free/reduced meals for the 23/24 school year (found in your email and on your Skyward account). **Please attach this documentation to this application. If documentation is not received application will be denied.*

Guardian Signature _____ **Date** _____

2. I certify that the above information is correct. I understand that this information is being given for the receipt of Pay to Participate Financial Assistance; that school officials may verify the information on the application and request additional documentation if deemed necessary; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I also understand that this form and any accompanying documents will be kept confidential and that if approved financial assistance will not exceed 50%.

3. Return this completed form along with copies of the required documents to one of the application methods listed below. You will be contacted by phone or email as to the status of your application. Should you need further assistance or have questions contact, Secretary to the Director of Athletics, at 248-956-2073.

**Mail: Walled Lake Consolidated Schools
Pay to Participate-Athletic Dept.
850 Ladd Road, Bldg. D
Walled Lake, MI 48390**

Email: Angela Buzzelli - angelabuzzelli@wlcsc.org

Fax: 248-956-2072

District Use Only

Applicant Qualifies for 50% _____ **OR** Applicant Denied _____ Reviewed by: _____

Reason/Notes: _____

Bookkeeper and Guardian notified on: _____