



NAPLS Financial Scholarship Program

Athletics and Extracurricular Activities

The New Albany-Plain Local School District requires a fee for student participation in interscholastic sports and extracurricular activities. The fee for interscholastic athletics for grades 7 - 12 is \$125 per season. The fee for middle or high school extracurricular activities is \$125 per activity.

We recognize participation fees for athletics and extracurricular activities may constitute a financial burden for students and their families and that students may need scholarships to help offset some or all of the costs of these experiences.

The school district is responsible for assessing all scholarship applications and awarding financial assistance in a manner that equally considers athletics and extracurricular activities. Assistance may be awarded to students who meet eligibility requirements for participation. The names of students awarded assistance will be kept confidential.

Any middle or high school student enrolled in the New Albany-Plain Local Schools may request a financial scholarship. If awarded, the scholarship amount will be based on student need and the number of students qualifying for the scholarship. Scholarships will range from 10% to 100% of the pay-to-participate fee based on family income and/or demonstrated hardship.

To be eligible for the scholarship, applicants must provide **ONE** of the following:

1. Verification of the student's enrollment in the Free or Reduced Lunch Program for the 2022-23 school year **OR**
2. Submission of the NAPLS Financial Scholarship Program application *including* verification of income by providing a copy of the prior year's tax return and current month's pay stub(s).

Note: Applications that do not include the required verification of income will not be considered.

Additional information regarding a hardship may be included to explain circumstances which may prevent the student from participation despite the income requirements outlined in the application.

All applications for the NAPLS Financial Scholarship Program must be emailed or mailed to:

Michael Sawyers, Superintendent

sawyers.1@napls.us

OR

New Albany-Plain Local Schools

Superintendent's Office

55 N. High Street

New Albany, OH 43054

Please write "CONFIDENTIAL" on the envelope if mailing the application.

Application

Student Name: _____

Current Grade _____ Sport or Extracurricular Activity: _____

Note: If multiple students in a family are in the same season, add the name of the student(s) below. If more space is needed, add on back of this form. Only one application per family per season or activity will be considered.

Student Name: _____

Current Grade: _____ Sport or Extracurricular Activity: _____

Parent/Guardian Contact Information

Please Print and complete all fields.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Email Address: _____

Confidentiality and Statement of Intent:

All information submitted to NAPLS on this application and as part of this application process, including correspondence, will be kept completely confidential. Only members of the NAPLS Financial Scholarship Program Committee will have access to this information.

We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct and complete. We recognize that intentionally providing false or inaccurate data or information may impact our ability to receive a scholarship.

Print name(s) and provide signatures of parents/guardians listed above.

Name(s) *(please print)* _____

Signature(s) _____ Date _____

Return this Financial Scholarship Program Application with verification of income to:

Michael Sawyers, Superintendent

sawyers.1@napls.us

OR

New Albany-Plain Local Schools

Superintendent's Office

55 N. High Street, New Albany, OH 43054

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Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and a school grade level for each child/or indicate "NA" if child is not in school		Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 sign this form.	Check if no income
	School	Grade		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

NAME _____ 10 Digit Case Number _____

Part 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. Name (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	W e k l y	E v e r y 2 M o n t h s	T h r e e t i m e s a m o n t h l y	M o n t h l y	Welfare, child support, alimony	W e k l y	E v e r y 2 M o n t h s	T h r e e t i m e s a m o n t h l y	M o n t h l y	Pensions, retirement, Social Security, SSI, VA benefits	W e k l y	E v e r y 2 M o n t h s	T h r e e t i m e s a m o n t h l y	M o n t h l y	All Other Income (indicates frequency such as "weekly" "monthly" "quarterly" "annually")
(example) Jane Smith	\$200	X				\$150		X			\$ 0					\$50/quarterly

Part 4. SCHOOL INSTRUCTIONAL FEE WAIVER Does your child(ren) qualify for a waiver of school instructional fees?
 Yes, instructional fee waiver received. No, instructional fee waiver not received.

Part 5. OPTIONAL: Hardship circumstance

In special circumstances, support may be needed for families beyond the need demonstrated by family income. If a particular hardship exists that requires financial assistance, the following space may be used to explain in detail so that the current situation may be fully understood and considered. (Additional pages may be attached as needed.)

Part 6. PARENT/GUARDIAN SIGNATURE

An adult household member serving as the designated parent/guardian must sign this application.
I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may not receive a scholarship. I understand that the availability of funding may be limited and I am responsible for the payment of any outstanding fee balance if my child(ren) participates and receives any scholarship support for financial aid.

Sign here X

Print name:

Date:

Don't fill out this part. This is for school use only.	
Date Application Received:	Application Complete: Y N
Amount of Financial Aid Offered, If Any:	
Financial Aid: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	
Financial Aid Entered In Fee System: Y N	Date: _____ By: _____

Family Income Scale – Sliding scale

Household Size	Federal Assistance	160%	220%	280%	340%	400%
1	\$13,590	\$21,744	\$29,898	\$38,052	\$46,206	\$54,360
2	\$18,310	\$29,296	\$40,282	\$51,268	\$62,254	\$73,240
3	\$23,030	\$36,848	\$50,666	\$64,484	\$78,302	\$92,120
4	\$27,750	\$44,400	\$61,050	\$77,700	\$94,350	\$111,000
5	\$32,470	\$51,952	\$71,434	\$90,916	\$110,398	\$129,880
6	\$37,190	\$59,504	\$81,818	\$104,132	\$126,446	\$148,760
7	\$41,910	\$67,056	\$92,202	\$117,348	\$142,494	\$167,640
8	\$46,630	\$74,608	\$102,586	\$130,564	\$158,542	\$186,520
Scholarship range*	100%	90-80%	79-60%	59-40%	39-20%	19-10%

**Overall, the ranges listed are a guide. Awards may vary based on available dollars and unique circumstances. Most significant needs will be funded first. Award levels are at the discretion of the program committee.*