



# Walled Lake Consolidated Schools

Educational Services Center  
850 Ladd Road, Building D  
Walled Lake, Michigan 48390  
Phone: 248/956.2074  
Fax: 248/956.2072

Brian M. Swinehart, CAA  
Director of Athletics and Secondary Physical Education

E-mail: BrianSwinehart@wlcsd.org

July, 2011

Dear Parent/Guardian of Walled Lake Schools Student Athletes:

As you may know, Walled Lake Consolidated School District, along with most school districts in Michigan, made significant cost reductions as a result of a reduction in per-pupil funding from the state over the last three years. Unfortunately, for the 2011/12 school year, we will face another year with little or no increase in revenue from the state. At the same time, operational costs including utilities and insurance continue to rise at a rate much faster than incoming revenue. Rather than cut any of athletic programs, we want to maintain all sports, therefore, the district implemented participation fees several years ago.

Fees for the 2011/12 school year will be as follows: **\$350 per high school athlete (\$700 maximum per family at the high school level only) and \$200 per middle school athlete (\$400 maximum per family at the middle school level only)**. This will be a one-time fee regardless of the number of sports in which a student participates.

Attached is a Pay to Participate contract that is required to be signed by both the student athlete and the parent/guardian and returned with the Pay to Participate fee at school registration or prior to first competition. If the athletic fee is not paid in full by the first competition the athlete will not be allowed to practice and/or participate in athletic competitions until paid. **For your convenience, payment may be made online through Family Access or you may make checks payable to Walled Lake Consolidated Schools.**

Students who are participating in club sports (boys and girls ice hockey, boys in-line hockey, coed equestrian, boys and girls bowling, figure skating, boys and girls water polo and boys lacrosse) are exempt from the fee, as these programs are fully self-funded.

During these difficult economic times, some families may need financial assistance; therefore the district has established a scholarship fund. Enclosed is the Pay to Participate financial assistance application which will not exceed 50% of the fees listed.

We appreciate your continued support. If you have additional questions, please feel free to contact the athletic department at (248) 956-2073 or me at (248) 956-2074.

Sincerely,

A handwritten signature in cursive script that reads 'Brian M. Swinehart'.

Brian Swinehart, CAA  
Director of Athletics and Secondary Physical Education

BMS/lS



**Walled Lake Consolidated Schools**  
**Pay to Participate Program**  
**Financial Assistance Application**  
2011/12

**ONE APPLICATION PER STUDENT ATHLETE**

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

1. **The following criteria must be met in order to qualify for 50% financial assistance:**

- student applying must qualify for the free or reduced-price lunch program for the 2011/12 school year,
- guardian must provide most recent property tax statement/SEV (not to exceed \$76,912) **OR** verify monthly rent (not to exceed \$873/month) of the home in which student resides.

2. I authorize the Office of the Director of Athletics to verify with the Walled Lake Consolidated Schools Food Service program whether my child qualifies for the free or reduced-price lunch program for the 2011/12 school year.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

3. 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%.

4. 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 Liza Sovel, 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: lizasovel@wlcsd.org**  
**Fax: 248-956-2072**

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**District Use Only**

Applicant Qualifies for 50% \_\_\_\_\_ **OR** Applicant Denied \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Reason/Notes: \_\_\_\_\_

Bookkeeper notified on: \_\_\_\_\_ at \_\_\_\_\_ Guardian notified on: \_\_\_\_\_ at \_\_\_\_\_