

## APPLICATION FOR A COOPERATIVE PROGRAM



### Cooperative Program Application Requirements:

- Each school involved in the cooperative program must fill out an application.
- A separate application must be submitted for each activity.
- Cooperative programs applications are required at the beginning of each classification cycle and will be in effect for a minimum of two years. Mid-cycle applications will be accepted on a one-year basis.
- Cooperative applications **must** be approved by the District Board of Control before the IHSAA Board of Directors will consider the application.
- Send application(s) to your District Board of Control Secretary for approval; they will forward the application to the IHSAA Office.

1. Type of cooperative program you are requesting:

**COMBINED:** \_\_\_\_\_ **Students from more than one school combine to compete as one team. The combined teams' classification is determined by combined enrollments of the member schools involved.** Applies to: football, volleyball, soccer, basketball, softball, baseball, competitive cheer and dance.

**COLLECTIVE:** \_\_\_\_\_ **Students from more than one school share resources but must compete as representatives of their home school at district and state competition.** School classifications remains the same. Applies to: cross country, swimming, wrestling, golf, tennis, track, drama, debate and speech.

2. Applying school: \_\_\_\_\_

Is this school the primary sponsoring school?    **Yes**    **No**

3. Other school(s) involved: \_\_\_\_\_

4. Sport/Activity: \_\_\_\_\_

5. Schools years: 20\_\_\_\_\_ - 20\_\_\_\_\_; 20\_\_\_\_\_ - 20\_\_\_\_\_

\_\_\_\_\_  
(PRINCIPAL)

\_\_\_\_\_  
(SUPERINTENDENT)

\_\_\_\_\_  
(DATE)

These signatures verify that the School District Board of Trustees approves this cooperative.

\_\_\_\_\_  
(DIST. BOARD OF CONTROL PRES or SEC)

\_\_\_\_\_  
(DATE)

APPROVE

DENY

Comments: \_\_\_\_\_

### OFFICIAL ACTION OF IHSAA BOARD OF DIRECTORS

APPROVE      DENY

Classification: 6A    5A    4A    3A    2A    1A

\_\_\_\_\_  
(EXECUTIVE OR ASSISTANT DIRECTOR)

\_\_\_\_\_  
(DATE)

Comments: \_\_\_\_\_