



INDEPENDENT PROVIDER APPLICATION FORM

APPLICANT INFORMATION

Independent Provider:	
Name of Team/Club/Program:	
Contact Person:	Phone:
Current address:	
City:	ZIP Code:

Application Form

Criteria for Independent Providers:

1. An Independent Provider Club may not duplicate an existing school district activity and must adhere to all district policies.
2. Activities under consideration by the Minnesota State High School League (MSHSL) will be given preferred consideration. Other activities may be approved in exceptional circumstances.
3. All participants in an Independent Provider Club/Team must be fully enrolled in Bloomington Public Schools, and meet the parent organization's requirements.
4. There must be a team component and public competition where the Independent Provider Club/Team competes with other high school teams in a league or regularly scheduled contests. The club/team will be allowed to use their respective school's official logo, nickname and school colors in its competitions.

Provide a brief narrative how the Independent Provider Club/Team will benefit Bloomington students:



Lettering Criteria Content Form

In order for participants to qualify for a Bloomington Jefferson or Kennedy letter, the Independent Provider must provide lettering criteria. The minimum requirements for lettering are:

1. Group must have a team competition component, some part of which must be held in Minnesota, against other high school programs or clubs, and must be organized in such a way that the general public is aware of and may attend. The competitions must use a set of standardized rules or guidelines for play, teams must be able to compete against other teams of similar age, and there must be officials or judges who apply a standard set of judging criteria.
2. Individual members must have a time commitment equivalent to other school district activities in which a letter may be earned (approximately 150 hours).
3. Participation must be at an advanced rather than an entry level.

Provide a narrative addressing how the Independent Provider club/team will meet each of the requirements.

SIGNATURES

I fully understand and agree to uphold the policy regarding Independent Providers as set forth by Bloomington Public Schools.

Signature of applicant:

Date: