Western Carolina University
2016-2017 Student Athlete Outside Scholarship Certification Form

NCAA Bylaw 15.2.6

Part I: To Be Completed By The Student Athlete

Print Name ___________________________  ID# ___________________  Sport _______________________

Have you received or do you expect to receive financial assistance from any outside organization?

☐ No, I have not received nor do I expect to receive any outside financial assistance for the 2016-2017 academic year. Sign this form and return it to the Financial Aid Office.

☐ Yes, I have received or expect to receive outside financial assistance for the 2016-2017 academic year. Complete the form below and return it to the Financial Aid Office.

What is your current cumulative GPA? ____________  Full-time semesters completed? ________________

Student Athlete’s Signature ___________________________________________  Date _______________  Email ________________

Award Information
Part II: To Be Completed By a Member of the Awarding Organization

NCAA legislation requires that all student athletes report any form(s) of outside financial assistance (other than institutional financial aid or from parents or legal guardians).

Name of Award: ________________________________________  Amount $ ___________________

Total Amount of Award: ______________ Fall Semester ___________  Spring Semester __________

Type of Award ☐ Grant ☐ Scholarship ☐ Other-Specify __________________________

Please check the following:

1. Is the awarding individual or organization a representative of WCU’s athletics interests or athletics booster group of WCU?
   ☐ Yes  ☐ No

2. Must the nominees for this award participate in athletics in order to be nominated?
   ☐ Yes  ☐ No

3. Is athletics ability a major criterion in the selection process for this scholarship?
   ☐ Yes  ☐ No

4. Will the scholarship be disbursed through the university and be used for the recipient’s educational expenses?
   ☐Yes  ☐ No

5. Will this scholarship be reissued to this recipient in subsequent years?
   ☐ Yes  ☐ No

6. Is the recipient’s choice of institution restricted by this award?
   ☐ Yes  ☐ No

7. Other - Please explain:
   __________________________________________________________
   __________________________________________________________

What are the criteria for this award? Attach a brochure if the criteria are described in brochure or application.

 a. __________________________________________________________
 b. __________________________________________________________
 c. __________________________________________________________
 d. __________________________________________________________

Print Name of person completing this form ________________________  Date _______________

Signature of person completing this form ____________________________  Phone Number __________

Please return this form to: Western Carolina University and the student athlete and mail to Financial Aid Office.

Please make checks payable to: Western Carolina University and the student athlete and mail to Financial Aid Office.

Phone: 828-227-7290  Fax: 828-227-7042
Web: www.wcu.edu/finaid  E-mail: finaid@wcu.edu
Office Use Only

GPA __________

Year In School __________
Earned Hours __________

Full Scholarship Yes ______ No ______

Comments
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Is this Scholarship countable toward their Athletic Scholarship: Yes _____ No _____

________________________________
Assistant Director of Athletic Compliance

Date

________________________________
Assistant Director Financial Aid & Athletic Liaison

Date