Western Carolina University
2019-2020 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 2019-2020 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 2019-2020 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 make checks payable to: Western Carolina University and the student athlete and mail to Financial Aid Office.

Please return this form to:
Western Carolina University
Office of Financial Aid
105 Cordelia Camp
Cullowhee, NC 28723

Phone: 828-227-7290
Fax: 828-227-7042
Web: www.wcu.edu/finaid
E-mail: finaid@wcu.edu
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<th>GPA</th>
<th>Year In School</th>
<th>Earned Hours</th>
<th>Full Scholarship</th>
<th>Comments</th>
<th>Is this Scholarship countable toward their Athletic Scholarship:</th>
<th>Director of Athletic Compliance</th>
<th>Date</th>
<th>Assistant Director of Financial Aid</th>
<th>Date</th>
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