Western Carolina University
2023-2024 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 2023-2024 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 2023-2024 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
1 University Drive
Cullowhee, NC 28723

Phone: 828-227-7290
Fax: 828-227-7042
Web: www.wcu.edu/finaid

E-mail: finaid@wcu.edu
### Office Use Only

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<th>GPA</th>
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<tr>
<td>Year In School</td>
<td>___________</td>
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<tr>
<td>Full Scholarship</td>
<td>Yes ________</td>
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**Comments**

____________________________________________________________________________________________________________
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Is this Scholarship countable toward their Athletic Scholarship?: Yes______ No_____

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<td>Director of Athletic Compliance</td>
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<tr>
<td>Assistant Director of Financial Aid</td>
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