Western Carolina University
2024-2025 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 2024-2025 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 2024-2025 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

GPA

Year In School

Full Scholarship

Earned Hours

Comments

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Is this Scholarship countable toward their Athletic Scholarship :  Yes  No

__________________________________________

Director of Athletic Compliance

__________________________________________

Date

Assistant Director of Financial Aid

__________________________________________

Date