Western Carolina University
2022-2023 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 2022-2023 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 2022-2023 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 ____________ Earned Hours ____________

Full Scholarship Yes ________ No ________

Comments
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

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

__________________________________________    ______________
Director of Athletic Compliance        Date

__________________________________________    ______________
Assistant Director of Financial Aid     Date