



**ATHLETIC SCHOLARSHIP REQUEST FORM**

**Instructions:** Complete this form for **ALL** (e.g. National Letter of Intent / Returning Student-Athletes / Incoming Freshmen / Transfer Student-Athletes) athletic scholarship requests and/or adjustments. Once complete please turn in to the Office of Compliance. **It will take at least one week to process.**

**Name of Coach Submitting Form:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Is the student-athlete you wish to give athletic aid to a:** (Circle One Below)

PROSPECT OR CURRENT STUDENT

**Is the student-athlete a transfer student-athlete?** YES or NO

**If YES, circle the type of transfer:** TWO-YEAR or FOUR-YEAR **Institution:** \_\_\_\_\_

**Is this initial offer of Athletic Aid also a National Letter of Intent?** YES or NO

**Student-Athlete's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Student-Athlete's Home Address:** \_\_\_\_\_

**ATHLETIC SCHOLARSHIP DETAILS:**

**Amount of athletic aid you are requesting for upcoming year:** \$ \_\_\_\_\_

**Amount of athletic aid received this year:** \$ \_\_\_\_\_

**Type of Athletic Aid:** (Write the amount of aid that will apply to each below)

Tuition & Fees \_\_\_\_\_ On Campus Housing \_\_\_\_\_ Meal Plan \_\_\_\_\_ Other \_\_\_\_\_

**Coach's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Compliance Officers Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Athletic Director's Approval:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Athletic Director's Denial:** \_\_\_\_\_ **Revised Amount:** \_\_\_\_\_

**Notes: To be filled out by Head Coach**

---

---

---

---

---