



STUDENT-ATHLETE FUND REQUEST FOR REIMBURSEMENT

Name of Student-Athlete:	Sport:	Student ID:
--------------------------	--------	-------------

Athletic Aid

- I receive a full athletic scholarship
- I receive a partial athletic scholarship
- I do not receive any athletic financial aid

Pell Grant

- I receive a full Pell grant
- I receive a partial Pell grant
- I do not receive a Pell Grant

Please Describe the Type of Reimbursement You Are Requesting

Please List any Extenuating Circumstances You Would Like the SAF Committee to Know About

I affirm that the above information is truthful and accurate

Signature of Student-Athlete	Date
------------------------------	------

SAF Committee

- Student-Athlete has been denied reimbursement
- Student-Athlete has been approved for reimbursement in the amount of: _____

Signature of Compliance	Date
-------------------------	------