

**NCAA SAF/SAOF REQUEST FORM
GONZAGA UNIVERSITY**

DATE: _____

STUDENT-ATHLETE REQUEST:

NAME: _____ **ID#:** _____
(First) (Middle) (Last)

ADDRESS: _____
(Permanent Home Address)

SPORT: _____ **GENDER: MALE FEMALE**

AMOUNT REQUESTED: _____

FUNDS WILL BE USED FOR: (CHECK ALL THAT APPLY)

Educational Expenses and Fees:

- _____ Summer school
- _____ Fifth and /or sixth year
- _____ Tutoring
- _____ International Student Fees and Taxes
- _____ Professional Program Testing
- _____ Champs/Lifeskills/SAAC
- _____ Other Educational Expenses

Health and Safety Expenses:

- _____ Insurance Premiums for Student-Athletes
- _____ Medical, dental and vision expenses for student-athletes costs (not covered by another insurance program for student-athletes)
- _____ Other Health and Safety Expenses

Personal or Family Expenses:

- _____ Clothing
- _____ Travel
- _____ Supplemental Insurance
- _____ Other Personal or Family Expenses

Institutional Academic or Programming Enhancements:

- _____ Academic Achievements or Graduation Award Programs
- _____ Academic Support Services
- _____ Other Academic or Programming Expenses

Other:

If the request for the expenses is not listed in the above category, please give description and detailed explanation of request:

I certify that the NCAA Special Assistance/Student-Athlete Opportunity Funds distributed will be in accordance with the NCAA and West Coast Conference rules. Further, by the way of signature below, the individual(s) receiving benefit from these funds are eligible to do so in accordance with the NCAA and WCC.

Associate Athletic Director

Date

Student-Athlete (if applicable)

Date

*****PLEASE PROVIDE ALL ORIGINAL RECEIPTS AND/OR VERIFICATION OF PURCHASE*****

For Official Use Only

Approved_____ Denied_____ Date of Action:_____

Reason for Denial:_____

Check #_____ Check picked-up:_____