

PURDUE UNIVERSITY
Department of Intercollegiate Athletics
Student-Athlete Assistance Fund Application

Name _____

Social Security No _____ Local Telephone Number _____

Local Address _____ Zip Code _____

Date _____ Sport _____

Citizen Status _____

Have you exhausted your eligibility? Yes No

Purpose for which funds are requested: (Check one)

- Medical Expenses
- Hearing Aid
- Vision Therapy
- Off-Campus Psychological Counseling
- Travel Expenses for Parents or Student-Athletes for
- Family Emergency
- Purchase of Expendable Course Supplies
- Rental of Non-Expendable Course Supplies

Detailed Explanation of Request:

Student-Athlete's Signature

Purdue Director of Athletics or Designee's signature

Return this form to:
Ed Howat – IAF 209 or
Karen Sherman IAF 216