

Have you ever received a medical hardship waiver? _____ If yes, when and for what sport? _____

INSURANCE

What health insurance are you covered under? (Circle one) School Insurance Parent(s)/Guardian Insurance

FINANCIAL AID

Have you ever been awarded any new scholarship(s) for the upcoming year, **other than** athletics and need-based aid received from SHU? (Circle one) Yes No If yes, please list new award(s) and amount(s):

Name of Award: _____ Amount: \$ _____

Name of Award: _____ Amount: \$ _____

AMATEURISM

1. Have you ever accepted a loan, payment or expenses (i.e., travel, lodging, meals) and/or agreed orally or in writing to be represented by an agent/professional sports organization? Yes No
2. Has anyone (other than your immediate or extended family) given you cash or gifts of value since becoming an athlete at SHU? Yes No
3. Have you ever wagered a bet on a college or professional athletic contest(s)? Yes No
4. Do you have an elite athlete disability policy? Yes No
5. Have you ever received educational expenses to cover the cost of high school/prep school from anyone other than an immediate family member? Yes No

EMPLOYMENT INFORMATION

Were you employed during the summer of 2007? Yes No

If "yes": Name of Employer: _____ Dates of Employment: _____ to _____

City/State: _____ Job Title: _____

Salary: _____ how did you obtain this job? _____

Do you plan on working during the 2007-08 academic year? Yes No

If yes, which of the following will be used? (Circle one) Work-Study Off-Campus Employment**

** If employment is off-campus, you must stop by the Compliance Office to complete the required NCAA paperwork. You must also get permission from your coach. If you fail to notify the Compliance Office and complete the NCAA mandated forms, you could become ineligible for participation in intercollegiate athletics.

CAR REGISTRATION

Will you have use of a vehicle either on- or off-campus this year? Yes No If Yes, please indicate the following:

Year: _____ Make: _____ Model: _____

License Plate Number: _____ State Registered: _____

Person the car is registered under: _____ Parking Lot it will be parked in? _____

I certify that my answers are complete and correct. I understand that any false or incomplete statements in this historical report may make me ineligible for intercollegiate athletic competition and/or any athletically related financial aid from SHU. If any of the information I have supplied in this report changes during the year, I will notify the compliance office as soon as possible.

Signature: _____ Date: _____