

**SACRED HEART UNIVERSITY – DEPARTMENT OF ATHLETICS**  
**NEW STUDENT-ATHLETE HISTORICAL REPORT**  
**ACADEMIC YEAR 2007-08**

Sport: \_\_\_\_\_ Date: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (First, MI, Last): \_\_\_\_\_ Housing: (circle one) on-campus off-campus

Date Entered SHU: \_\_\_\_\_ Date Entered ANY College (full-time): \_\_\_\_\_

Local Phone (cell): \_\_\_\_\_ Dorm: \_\_\_\_\_ Room #: \_\_\_\_\_

Or Local Address: \_\_\_\_\_  
 (Street) (City, state, zip)

Permanent Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Ethnic Background: Asian/Pacific Islander \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_  
 Native/Alaskan \_\_\_\_\_ International \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

#1 Parent(s)/Guardian(s) Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
 (If different from permanent address) Street City State Zip

#2 Parent(s)/Guardian(s) Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
 (If different from permanent address) Street City State Zip

**HIGH SCHOOL/PREP SCHOOL INFORMATION**

Name of Institution	Location (city/State)	Grad Date (mo/yr)
_____	_____	_____
_____	_____	_____

**RECRUITMENT STATUS (circle answers)**

- Did a member of the athletics staff or anyone representing SHU provide transportation for you to visit the campus?  
 Yes No If yes, who provided the transportation? \_\_\_\_\_

2. Did you make an "official visit" to SHU, at the expense of the SHU Athletics Department? Yes No
3. Did anyone from the SHU Athletics Department initiate or arrange a telephone contact, on more than one occasion, with you or a member of your family for the purpose of encouraging you to attend SHU and participate in athletics? Yes No
4. Did anyone from the Athletics Department at SHU visit you in your home, at your high school or any other place for the purpose of encouraging you to attend SHU and participate in athletics? Yes No

**PREVIOUS COLLEGE INFORMATION** (If applicable)

Name of Institution	Type of Inst. (2 yr or 4 yr)	Dates Attended	Status (FT or PT)	Graduate (Yes or No)
		to _____		
		to _____		

1. Did you practice at any institution(s) listed above? Yes No  
If "yes", which institution? \_\_\_\_\_ What sport? \_\_\_\_\_
2. Did you compete in varsity intercollegiate athletics at any institution listed above? Yes No  
If "yes", which institution? \_\_\_\_\_ What sport? \_\_\_\_\_
3. Did you sign a National Letter of Intent (NLI) to attend an above institution(s)? Yes No
4. Did you receive athletically related financial aid at any institution(s) listed? Yes No  
If "yes", how many years did you receive athletically related aid? \_\_\_\_\_
5. "Time Lapse Statement": If you have not continuously attended college as a full-time student each semester since your graduation from high school, please describe your activities during the period you were not in school (i.e., work, military service, church mission) and the exact time period:

Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

**ELIGIBILITY**

Since graduation from high school, have you ever competed in organized athletic competition, either as an individual or as a member of a team, that was not one of the college or university teams listed earlier? Yes No

If "yes", please list: \_\_\_\_\_

Did you turn 21 years of age before you first entered college? Yes No

If "yes", did you engage in any organized competition in your sport after your 21<sup>st</sup> birthday? Yes No

If "yes", how many years did you compete? \_\_\_\_\_

**INSURANCE**

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

**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? \_\_\_\_\_

**FINANCIAL AID**

Any financial aid awarded from agencies outside of SHU and your immediate family MUST be reported to the financial aid office. If you have received any such awards, please complete the "Student-Athlete Disclosure of External Awards" form (a copy is attached).

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: \_\_\_\_\_

## STUDENT-ATHLETE DISCLOSURE OF EXTERNAL AWARDS

As a student-athlete at a [National Collegiate Athletic Association \(NCAA\)](#) Division I institution, you are subject to additional rules regarding financial aid. The source of funds, the amount of funds, the classification of the funds according to NCAA regulations, your status as a tendered or recruited student-athlete and your final eligibility certification from the NCAA Clearinghouse all have an impact on whether or not you as a student-athlete will be permitted to accept the funds and maintain sport eligibility. This rule is true of external (non-SHU) scholarships and awards as well as Sacred Heart scholarships and financial aid.

Student-athletes are not permitted to use funds from external sources until they have been investigated and approved by the Dean of Financial Assistance and the Department of Athletics. Documentation of the application process and selection criteria for all external scholarships and awards must be provided to the Financial Assistance office by the organization providing the award, and specific rules must be followed in the payment of the funds to prevent violations of NCAA regulations. There are situations in which a student-athlete will not be able to receive certain funds, external and/or institutional, because of the impact those funds have on the team limit.

If you receive financial aid from any external source, please complete the form below and submit it to the Dean of Financial Assistance. Failure to provide this information can cause delays in payment of fees, in approval of your status for practice or play, and in the revisions to other aid you may have received.

If you have any questions about your scholarships or other awards, please contact the office of financial assistance by e-mail at [pietrangelij@sacredheart.edu](mailto:pietrangelij@sacredheart.edu) or by telephone at (203) 365-7605. Further information is available in the [Student-Athlete Handbook](#).

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Sport: \_\_\_\_\_

**Please list all scholarship awards you have received from sources other than SHU.**

Name of award \_\_\_\_\_ Amount \_\_\_\_\_

Please list any criteria that were required for recipients of this award:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this award based on your place finish in a competition?      Yes      No

Name of award \_\_\_\_\_ Amount \_\_\_\_\_

Please list any criteria that were required for recipients of this award:

---

---

---

Was this award based on your place finish in a competition?      Yes      No

Name of award \_\_\_\_\_ Amount \_\_\_\_\_

Please list any criteria that were required for recipients of this award:

---

---

---

Was this award based on your place finish in a competition?      Yes      No