SOUTHERN MISS APPLICATION FOR
NCAA STUDENT ASSISTANCE FUND

Student-Athlete’s Name: ________________________________  Sport: ________________

Date of Request: ________________________________  SOAR ID#: ________________

Purpose for which funds are requested:

_______ Educational Expenses or Fees
_______ Health and Safety Expenses
_______ Personal or Family Expenses
_______ Institutional Academic or Programming Enhancements
_______ Other (please describe in spaces below)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Amount Requested $ ________________________________

Nature of Request: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student-Athlete’s Signature: ________________________________ Date: ________________

Sport Oversight Signature: ________________________________ Date: ________________

Compliance Office Signature: ________________________________ Date: ________________

Athletic Trainer Signature (medical requests only): ________________________________ Date: ________________

REQUEST:  APPROVED_________  DENIED_________  AMOUNT $__________________