REQUEST FOR ATHLETICS GRANT-IN-AID/
NATIONAL LETTER OF INTENT

Athletics Compliance

Student-Athlete Name (Last, First, Middle.)	Sport	A # (if known)
Permanent Address	Date of Birth	Social Security Number
City, State, Zip	Country	Home Phone

☐ **NLI & Aid Agreement** **Date of Issuance:** _____

☐ **Aid Agreement Only**

TRANSFER STUDENTS:

☐ 2-year ☐ Qualifier ☐ Nonqualifier – expected JC graduation date: _____

☐ 4-year Previous Institution:_____ # Terms Attended: _____

This award is valid for:

☐ Full Academic Year 20___ - ___

☐ Spring Semester ONLY If SA is mid-year enrollee 20___

This Award includes:

☐ Full Grant-in-Aid ☐ In-State ☐ Out-of-State

*If you choose to give partial stipend and either room or board, please indicate accordingly:

_____ Room _____ Board _____ Stipend (indicate amount if not full)

☐ Partial Grant-in-Aid as follows (indicate amounts if not full):

- ☐ Tuition $_____ ☐ In-State ☐ Out-of-State
- ☐ Room $_____
- ☐ Board $_____
- ☐ Books $_____
- ☐ Fees $_____
- ☐ Stipend: $_____ (Total for 9 months)

Compliance Approval:
- ○ PSA on Eligibility Center IRL
- ○ Amateurism questionnaire complete

For 4-4 transfers:
- ○ tracer attached
- ○ PSA eligible at previous institution

_____ _____
Head Coach Date

_____ _____
Assistant Athletic Director - Compliance Date