



REVISION

Student-Athlete Name (Last, First, Middle.)	Sport	A # (if known)
Permanent Address	City, State, Zip	Telephone

Indicate below the entire Grant-in-Aid information for this Student-Athlete

- **This award is 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)

If you are requesting an increase of the award after the first day of class or first day of practice (whichever is earlier), please indicate the reason for the revision.

Head Coach

Date

Assistant Athletic Director - Compliance

Date