



## NCAA Student-Athlete Funds Application

- Special Assistance Fund (Account # \_\_\_\_\_)  
 Student-Athlete Opportunity Fund (Account # \_\_\_\_\_)

**STUDENT-ATHLETE:** You may qualify for emergency financial support through NCAA funds. These funds are allotted through a university committee established to oversee this program with NCAA recommendations. This form, to be signed by you, requests funds which must fall into one of the below-listed categories. Appropriate documentation must accompany this request. **NOTE:** Monies received from this fund are considered income and are subject to tax.

Complete this form and return to the Compliance Office.

Full Name (Last, First, Middle):	Sport:
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Social Security Number:		E-mail Address:
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Local Address (No. Street, Apt. #)
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City, State, Zip
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Citizen Status:	Have you exhausted your eligibility: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Special Assistance Funds amount requested: \$ _____	Student-Athlete Opportunity Funds amount requested: \$ _____
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Purpose for which <b>Special Assistance Funds</b> are requested: (Check one)	Purpose for which <b>Student-Athlete Opportunity Funds</b> are requested: (Check one)
<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Medical Expenses
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Dental Expenses
<input type="checkbox"/> Vision Therapy	<input type="checkbox"/> Vision Therapy
<input type="checkbox"/> Off-campus Psychological Counseling	<input type="checkbox"/> Purchase of Expendable Course Supplies
<input type="checkbox"/> Travel Expenses for Parents or Student-Athlete for Family Emergency	<input type="checkbox"/> Clothing Allowance
<input type="checkbox"/> Purchase of Expendable Course Supplies	<input type="checkbox"/> Emergency Expenses
<input type="checkbox"/> Rental of Non-Expendable Course Supplies	<input type="checkbox"/> Other

Detailed Explanation of Request:
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Under penalties of perjury, I certify that: a) The number shown on this form is my correct taxpayer identification number, b) I am not subject to backup withholding, and c) the information regarding citizenship above is correct.

Signature of Student-Athlete
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### Compliance Office

Date Received:
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Approved by:
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### Division of Financial Aid:

Date Received:
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Approved by:
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