



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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Soc. Sec. #:	Local Telephone Number:	E-mail Address:
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Local Address (No. Street, Apt. #)
City, State, Zip

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 Special Assistance Funds are requested: (Check One)	Purpose for which Student-Athlete Opportunity Funds 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-Athletes 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:

Signature of Student-Athlete

Compliance Office:	Approved by:
Date Received:	

Division of Financial Aid:	Approved by:
Date Received:	