

Western Carolina University
2024-2025 Student Athlete Outside Scholarship Certification Form

NCAA Bylaw 15.2.6

Part I: To Be Completed By The Student Athlete

Print Name _____ ID# _____ Sport _____

Have you received or do you expect to receive financial assistance from any outside organization?

- No, I have not received nor do I expect to receive any outside financial assistance for the 2024-2025 academic year. Sign this form and return it to the Financial Aid Office.
- Yes, I have received or expect to receive outside financial assistance for the 2024-2025 academic year. Complete the form below and return it to the Financial Aid Office.

What is your current cumulative GPA? _____ Full-time semesters completed? _____

Student Athlete's Signature _____ Date _____ Email _____

Award Information

Part II: To Be Completed By a Member of the Awarding Organization

NCAA legislation requires that all student athletes report any form(s) of outside financial assistance (other than institutional financial aid or from parents or legal guardians).

Name of Award: _____ Amount \$ _____

Total Amount of Award: _____ Fall Semester _____ Spring Semester _____

Type of Award Grant Scholarship Other-Specify _____

Please check the following:

1. Is the awarding individual or organization a representative of WCU's athletics interests or athletics booster group of WCU?
 Yes No
2. Must the nominees for this award participate in athletics in order to be nominated? Yes No
3. Is athletics ability a major criterion in the selection process for this scholarship? Yes No
4. Will the scholarship be disbursed through the university and be used for the recipient's educational expenses? Yes No
5. Will this scholarship be reissued to this recipient in subsequent years? Yes No
6. Is the recipient's choice of institution restricted by this award? Yes No
7. Other - Please explain:

What are the criteria for this award? Attach a brochure if the criteria are described in brochure or application.

- a. _____
- b. _____
- c. _____
- d. _____

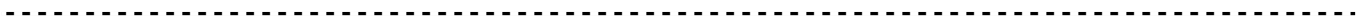
Print Name of person completing this form _____ Date _____

Signature of person completing this form _____ Phone Number _____

Please make checks payable to: Western Carolina University and the student athlete and mail to Financial Aid Office.
Please return this form to:

Western Carolina University
Office of Financial Aid
105 Cordelia Camp
1 University Drive
Cullowhee, NC 28723

Phone: 828-227-7290
Fax: 828-227-7042
Web: www.wcu.edu/finaid
E-mail: finaid@wcu.edu



Office Use Only

GPA _____

Year In School _____

Earned Hours _____

Full Scholarship Yes _____ No _____

Comments

Is this Scholarship countable toward their Athletic Scholarship : Yes _____ No _____

TM



Director of Athletic Compliance

Date

Assistant Director of Financial Aid

Date

