

STUDENT-ATHLETE OUTSIDE AID AWARD

Academic Year 2024–2025

DIRECTIONS—NCAA rules require the University to collect information about outside awards given to student-athletes. This form collects the needed information. Within 10 days of receipt, you and other designated individuals, as indicated, must complete each section of this form in blue or black ink. Please return the completed form by fax or mail to the Financial Aid Coordinator, Student Athletes, at the contact information provided.

Return this form

By mail to:
 University of Minnesota Twin Cities
 Financial Aid Coordinator for Student Athletes
 244 Bierman Field Athletic Building
 516 15th Ave. SE
 Minneapolis, MN 55455

Questions?

Phone: 612-625-5357
 Email: nels2461@umn.edu

You must complete a separate form for each scholarship you receive.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

PART 1. Student certification	
University ID	Name (last, first, middle initial)
<p>I certify with my signature that I have received a financial award to further my education from an agency other than the University of Minnesota, Twin Cities. Please have a member of the awarding agency's selection committee complete the remainder of this form and return it to the address listed in the directions.</p>	
Student-athlete's signature	Sport
PART 2. Award criteria (to be completed by a member of the awarding agency's selection committee)	
<p>Please enter the award name and amount that applies to this student.</p>	
Name of award	2024-2025 aid year amount \$
<p>Please describe your scholarship program by answering the following questions:</p>	
<p>1. Does the scholarship award have any relationship to athletics ability (past, present or future)? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	
<p>2. Is this an established, continuing scholarship program formed to aid students? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	
<p>3. Is the recipient's choice of institution restricted by the donor? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	
<p>4. Is the award from an:</p> <p style="margin-left: 20px;"><input type="checkbox"/> organization/foundation</p> <p style="margin-left: 20px;"><input type="checkbox"/> individual</p>	
<p>5. Is the scholarship recipient selected by:</p> <p style="margin-left: 20px;"><input type="checkbox"/> an individual</p> <p style="margin-left: 20px;"><input type="checkbox"/> a committee</p>	
<p>6. Is the donor and/or party(s) choosing the recipient:</p> <p style="margin-left: 20px;">A University of Minnesota-Twin Cities athletic booster <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p style="margin-left: 20px;">A representative of University of Minnesota-Twin Cities athletics interests <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p style="margin-left: 20px;">An alumnus of the University of Minnesota-Twin Cities <input type="checkbox"/> yes <input type="checkbox"/> no</p>	
<p>7. Will this scholarship be reissued to this recipient in subsequent years? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p style="margin-left: 20px;">If yes, check all that apply:</p> <p style="margin-left: 40px;"><input type="checkbox"/> 2nd year</p> <p style="margin-left: 40px;"><input type="checkbox"/> 3rd year</p> <p style="margin-left: 40px;"><input type="checkbox"/> 4th year</p>	
<p>—Please continue on page 2—</p>	

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Please recycle.

PART 2. Award criteria continued (to be completed by a member of the awarding agency's selection committee)

8. Have the funds for this award already been disbursed to the recipient? yes no

Please forward the funds to:
 University of Minnesota Twin Cities
 Office of Student Finance, Fiscal Unit
 160 Williamson Hall
 231 Pillsbury Dr. SE
 Minneapolis, MN 55455

PART 3. Authorization (to be completed by the individual who provided award criteria information)

Name (last, first, middle initial)	Phone number (include area code)	Fax number
Title	Institution, agency, or funding organization	
Address (street, apartment or PO Box number, city, state, ZIP code)		Email address
Signature		Date

**Thank you for assisting this student-athlete and the University of Minnesota Twin Cities
 in complying with NCAA financial aid rules.**

office use only

<input type="checkbox"/> no athletics <input type="checkbox"/> permissible <input type="checkbox"/> not permissible	classified by	date
	approved by	date