

# STUDENT-ATHLETE OUTSIDE AID AWARD

**Academic Year 2018–2019**

**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.**

|  |                                    |
|--|------------------------------------|
| <b>PART 1. Student certification</b>   |                                    |
| 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                              |
| <b>PART 2. Award criteria</b> (to be completed by a member of the awarding agency's selection committee)   |                                    |
| Please enter the award name and amount that applies to this student.   |                                    |
| Name of award  | 2018-2019 aid year amount \$       |
| Please describe your scholarship program by answering the following questions:   |                                    |
| 1. Does the scholarship award have any relationship to athletics ability (past, present or future)? ..... <input type="checkbox"/> yes <input type="checkbox"/> no   |                                    |
| 2. Is this an established, continuing scholarship program formed to aid students? ..... <input type="checkbox"/> yes <input type="checkbox"/> no   |                                    |
| 3. Is the recipient's choice of institution restricted by the donor? ..... <input type="checkbox"/> yes <input type="checkbox"/> no  |                                    |
| 4. Is the award from an:   |                                    |
| <input type="checkbox"/> organization/foundation   |                                    |
| <input type="checkbox"/> individual  |                                    |
| 5. Is the scholarship recipient selected by:   |                                    |
| <input type="checkbox"/> an individual   |                                    |
| <input type="checkbox"/> a committee   |                                    |
| 6. Is the donor and/or party(s) choosing the recipient:  |                                    |
| A University of Minnesota-Twin Cities athletic booster ..... <input type="checkbox"/> yes <input type="checkbox"/> no  |                                    |
| A representative of University of Minnesota-Twin Cities athletics interests ..... <input type="checkbox"/> yes <input type="checkbox"/> no   |                                    |
| An alumnus of the University of Minnesota-Twin Cities ..... <input type="checkbox"/> yes <input type="checkbox"/> no   |                                    |
| 7. Will this scholarship be reissued to this recipient in subsequent years? ..... <input type="checkbox"/> yes <input type="checkbox"/> no   |                                    |
| If yes, check all that apply:  |                                    |
| <input type="checkbox"/> 2nd year  |                                    |
| <input type="checkbox"/> 3rd year  |                                    |
| <input type="checkbox"/> 4th year  |                                    |
| —Please continue on page 2—  |                                    |

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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  
 200 Fraser Hall  
 106 Pleasant St. 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<br><input type="checkbox"/> permissible<br><input type="checkbox"/> not permissible | classified by | date |
|   | approved by   | date |