

# ST. CLOUD STATE UNIVERSITY ATHLETIC AID APPROVAL FORM

\*\*\*DIRECTIONS: Complete and return with a copy of current TRANSCRIPTS to Compliance Coordinator\*\*\*

\_\_\_\_\_ Team

\_\_\_\_\_ Date

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Initial

\_\_\_\_\_ Last Name

\_\_\_\_\_ Permanent Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Date Of Birth

\_\_\_\_\_ Social Security # or 10 Digit EC ID # (one of these is required)

Amount of Award: \_\_\_\_\_

(Please check one)

High School Senior

Two Year Transfer

Four Year Transfer

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### Compliance Office Use Only

Date prospect was added to SCSU's IRL: \_\_\_\_\_

NLI:      Yes      No

Prospect's Eligibility Center ID Number: \_\_\_\_\_

Conference Tender:      Yes      No

Current High School Transcripts Attached:       Yes       No

Completed Amateurism Questionnaire (Division I Only):       Yes       No       Not Required

NLI Approved       YES       NO

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Tender Approved       YES       NO

Date: \_\_\_\_\_

Initials: \_\_\_\_\_