

St. Cloud State University Athletic Aid Approval Form

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

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: _____