



ATHLETIC AID REQUEST FORM

ATHLETICSCOMPLIANCE

STUDENT-ATHLETE INFORMATION

☐ Incoming Freshman SA ☐ Incoming Transfer SA ☐ Current student-athlete (initial or increase) _____

First Name _____ Middle Initial _____ Last Name _____

Sport _____ Eligibility Center ID# _____ Date of Birth _____

Mailing Address _____ Apt/Unit# _____

City/State _____ Zip _____ Email Address _____

For International SA, Will you be paying for international insurance? _____ If yes, how many years? _____

ATHLETIC AID INFORMATION

Delivery of Award: ☐ Email ☐ Fed Ex ☐ Other: _____

Residency: ☐ WI Resident ☐ Non-Resident ☐ Minnesota Resident ☐ Midwest

Period & Type of Award: List the academic year(s)/term(s) and type of award for each year:

EX: 2015-2016: Full Tuition + \$2000

By signing below, I certify the above information is accurate and I give my approval to issue the scholarship agreement.

Signature of Head Coach

Date Requested

By signing below, I approve of the above athletic aid request.

Signature of Sport Administrator

Date Requested

By signing below, I approve of the above athletic aid request.

Signature of Director of Athletics

Date Requested

Athletic Compliance ONLY

UWM ID# _____

☐ Added to E.C. IRL

☐ Copy of transcript received

EMPL ID# _____

Projected Equivalency _____

Signature of Assistant Athletic Director/Compliance

Date

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