

**IMPORTANT! This form MUST be completed even if you have not received any private outside scholarships, just check the "no" box. If you are not sure yet if you will be receiving any, please hold this form and complete it as soon as you know. However, due to NCAA rules we MUST have this form completed!**

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## Truman State University

Excess/Outside Financial Aid (NCAA Bylaw 15.01)

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### Part I. TO BE COMPLETED BY THE STUDENT-ATHLETE

\_\_\_\_\_  
Name of Student-Athlete

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sport

NCAA regulations require that student-athletes report all sources of financial assistance other than that contained in an institutionally approved financial aid package or that which is provided by parent(s) or legal guardian(s). Examples of outside financial aid include, but are not limited to: High School Booster Club Scholarship, Church Scholarship, Local Civic Scholarship. **Do NOT include Bright Flight, National Merit, Robert C. Byrd, or any Truman academic or foundation scholarships.**

*Please Check One As Appropriate:*

- NO, I have not received nor do I expect to receive an outside financial aid award issued to me for the 2009-2010 academic year. If you indicated NO, please sign and date the form below and return to the Financial Aid Office. Please contact the Financial Aid Office (660-785-4130) if you later receive a scholarship award.
  
- YES, I have or expect to receive an outside financial aid award issued to me for the 2009-2010 academic year. If you indicated YES, please sign and date the form below and then have a member of the award's selection committee complete the remainder of this form and return it to the Financial Aid Office. If you received multiple awards, please feel free to photocopy this form as necessary. Additional forms may also be obtained from the Financial Aid Office.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

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### Part II. TO BE COMPLETED BY A MEMBER OF THE AWARDING AGENCY'S SELECTION COMMITTEE

**AWARD CRITERIA:** Please answer the following questions regarding the award and the selection criteria if applicable to this student.

Name of award \_\_\_\_\_

Awarding agency \_\_\_\_\_ Total Amount of award \$ \_\_\_\_\_

List all criteria used in the selection process or attach a list to this form \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BASIS OF THE AWARD:** Please check the statement that best indicates the importance given to the recipient's athletic ability and athletic participation in the selection process.

- The award was made on the basis of the recipient's past performance and overall record, as measured by established criteria of which **athletic participation was a major criterion.\***
- The award was made on the basis of the recipient's past performance and overall record, as measured by established criteria of which **athletic participation was not a major criterion.\***
- The award had **no relationship to athletic ability.**

\*If athletic participation was a part of the criteria utilized for selection to receive this award, was the recipient required to be a member of a sports team to qualify for the award?  YES  NO

**PROGRAM BACKGROUND:** Please describe your scholarship program by answering the following questions.

1. Is the awarding individual, organization, and/or donor of this scholarship a representative of the athletic interests of Truman State University?  YES  NO
2. Is the awarding agency an outside sports team or organization that conducts a competitive Sports program?  YES  NO
3. Is the recipient eligible to receive this aid if enrolled at an institution other than Truman State University?  YES  NO

**DISBURSEMENT:** NCAA regulations require that Truman State University **must** be notified of outside awards to a student-athlete. In addition, funds must be disbursed through the Truman State University Office of Financial Aid if the student-athlete is a currently enrolled Truman student. This includes first-time freshman who are pre-enrolled for a subsequent semester. It is preferred that all disbursement be made through the University, regardless of enrollment status.

Please make checks payable to Truman State University with a reference to the student-athlete and mail payment to the address listed below.

Name of Contact Person/Person Completing Form		Title	
Institution, Agency or Funding Organization		Telephone Number	
Street Address	City	State	Zip Code
Signature		Date	

**PLEASE RETURN COMPLETED FORM TO:**  
Truman State University  
Financial Aid Office, Scholarship Coordinator  
McClain Hall 103  
Kirksville, MO 63501