

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

Office of Financial Aid and Scholarships
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

STUDENT-ATHLETE OUTSIDE AID AWARD

RETURN FORM:

BY MAIL TO:

Office of Financial Aid and Scholarships
 University of Minnesota Duluth
 1049 University Drive
 Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services

23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000

TTY (hearing impaired): 800-627-3529

Email: umdhelp@d.umn.edu

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 mail to the Office of Financial Aid and Scholarships.

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.

PART 1. Student certification	
Student ID number	Name (last, first, middle initial)
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 Duluth. 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.	
Student athlete's signature	Sport
PART 2. Award criteria (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	2019-2020 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 Duluth athletic booster <input type="checkbox"/> yes <input type="checkbox"/> no	
A representative of University of Minnesota Duluth athletics interests..... <input type="checkbox"/> yes <input type="checkbox"/> no	
An alumnus of the University of Minnesota Duluth..... <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	
8. Have the funds for this award already been disbursed to the recipient? <input type="checkbox"/> yes <input type="checkbox"/> no	
<p>Please forward the funds to: University of Minnesota Duluth One Stop Student Services 1049 University Drive Duluth, MN 55812-3011</p>	
<p>— Please continue on page 2 —</p>	



To request copies of this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.

STUDENT-ATHLETE OUTSIDE AID AWARD

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 Duluth in complying with NCAA financial aid rules.

Office use only

<input type="checkbox"/> no athletics <input type="checkbox"/> permissible <input type="checkbox"/> not permissible	Classified by	Date
	Approved by	Date