

BEMIDJI STATE UNIVERSITY

STUDENT-ATHLETE OUTSIDE AID AWARD

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 fax or mail to the Director of Financial Aid, at the contact information provided.

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.

Academic Year 2014-15

Return this form

By mail to:

Bemidji State University
 Director of Financial Aid
 1500 Birchmont Dr. NE, #14
 Bemidji, MN 56601

By fax:

(218) 755-4361

Questions?

(218) 755-2034

(877) 755-FAID

Email:

llawrence@bemidjistate.edu

PART 1. Student certification

University ID	Name (first, middle initial, last)		
<p>I certify with my signature that I have received a financial award to further my education from an agency other than Bemidji State University. 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.</p>			
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	2014-15 aid year amount
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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)?... yes no
2. Is this an established, continuing scholarship program formed to aid students? yes no
3. Is the recipient's choice of institution restricted by the donor? yes no
4. Is the award from an:
 - organization/foundation
 - individual
5. Is the scholarship recipient selected by:
 - an individual
 - a committee
6. Is the donor and/or party(s) choosing the recipient:
 - A Bemidji State University athletic booster..... yes no
 - A representative of Bemidji State University athletics interests..... yes no
 - An alumnus of Bemidji State University..... yes no

PART 2. Award criteria continued (to be completed by a member of the awarding agency's selection committee)

7. Will this scholarship be reissued to this recipient in subsequent years?

If yes, check all that apply:

2nd year

3rd year

4th year

8. Have the funds for this award already been disbursed to the recipient? ... yes no

Please forward the funds to:

Bemidji State University
Office of Financial Aid
1500 Birchmont Dr. NE, #14
Bemidji, MN 56601

PART 3. Authorization (to be completed by the individual who provided award criteria information)

Name (first, middle initial, last)

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 Bemidji State University in complying with NCAA financial aid rules.

office use only

no athletics

permissible

not permissible

classified by

date

approved by

date