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## NCAA Student-Assistance Fund Application

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Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

**Reason for the request (check all that apply):**

- Medical expenses not covered by the SDA sports medicine or insurance (e.g., prescriptions, non-cosmetic dental examinations, eye appointments).

Insurance coordinator (print name): \_\_\_\_\_

*By signing below, I affirm that these medical expenses are not covered by SDA sports medicine or insurance.*

Insurance coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Emergency expenses (provide description): \_\_\_\_\_

- Childcare expenses (provide the following information):

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

- Clothing, shoes, flight home, or other essential expenses (not entertainment) for graduate student-athletes.

- Required course supplies (attach syllabus and list course name): \_\_\_\_\_

- Student fees (Sun Card, graduation, graduate school application fee, etc.) (attach receipt).

- Post-undergraduate exam (GRE, LSAT, etc.) (provide description): \_\_\_\_\_

- Other (provide description): \_\_\_\_\_

**Pell Grant Recipients Only:**

- Campus parking up to the cost of parking in lot 59 (must attach receipt).

**Total dollar amount:** \_\_\_\_\_

*By signing below, I affirm that these funds are for my personal use for the purpose listed above. I agree to provide the Sun Devil Athletics Compliance Office with receipts, bills, canceled checks, or other requested documentation within three weeks after receiving funds from the Student-Assistance Fund.*

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing below, I affirm the above-named student-athlete is in good standing on my team.*

Head Coach (or designee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student-athlete currently receives Pell Grant:      Yes      No

Student-athlete currently receives athletics aid:      Full      Partial      No

International student:      Yes      No

Compliance Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_