



INSTITUTIONAL SCHOLARSHIP QUESTIONNAIRE
For NCAA Compliance / Student Financial Services Office

Recipient:

Student ID:

Name of Scholarship:

Award Amount:

Please complete this questionnaire and attach a copy of the application OR awarding criterion so we can determine how this scholarship will count per NCAA rules.

	1. What is the main criterion for awarding this scholarship/grant? (Check all that apply). <input type="checkbox"/> Based SOLELY on high school record <input type="checkbox"/> WSU GPA and/or Standing in a particular class/college <input type="checkbox"/> Other criterion: _____
YES NO	
<input type="checkbox"/> <input type="checkbox"/>	2. Is the recipient of this award an incoming freshman?
<input type="checkbox"/> <input type="checkbox"/>	3. Does the recipient of this award have a core-course GPA of at least 3.500 (based on a maximum of 4.0 OR a minimum ACT sum score of 105 OR a minimum SAT score of 1200 OR was ranked in the upper 10 of the high school graduation class?
<input type="checkbox"/> <input type="checkbox"/>	4. Is the recipient in competition among other students of his/her class or college at Washington State University to receive this scholarship/grant?
<input type="checkbox"/> <input type="checkbox"/>	5. Does this award use the WSU general scholarship application for consideration? If NO, How was this student selected? _____
<input type="checkbox"/> <input type="checkbox"/>	6. Is this a standing (established: has been offered in previous years) scholarship?
<input type="checkbox"/> <input type="checkbox"/>	7. Is this award renewable? If YES, what criteria and for how long of a period? _____
<input type="checkbox"/> <input type="checkbox"/>	8. Is this scholarship awarded to the recipient based on athletic ability or participation?
<input type="checkbox"/> <input type="checkbox"/>	9. Is athletic ability, participation, or interest in athletics considered for selection of this award?
<input type="checkbox"/> <input type="checkbox"/>	10. Does this award's selection committee contain an athletics department staff member?

Signature of person completing form

Date

Name:	Title:
Phone Number:	Email:

Please Return Completed Form to: Melissa Christensen, Asst. Director of Compliance

Athletic Dept. | Campus Zip: 1602
Phone: (509)335-4963 | | E-mail: mel.christensen@wsu.edu

THIS SECTION TO BE COMPLETED BY ATHLETICS FINANCIAL AID COUNSELOR		
SCHOLARSHIP CLASSIFICATION:	SHIP_	APPROVAL DATE: _____
ALLOWABLE BY COACH?	YES NO N/A	DEFER UNTIL: _____
SCHOLARSHIP ITEM TYPE: SE370		UPDATED IN CAi: <input type="checkbox"/>