



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.

YES	NO	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: _____
<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: The Athletics Compliance Office

Athletic Dept. | Campus Zip: 1602
Phone: (509) 335-2006 | | E-mail: compintern@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"/>