



OUTSIDE SCHOLARSHIP QUESTIONNAIRE
For NCAA Compliance / Student Financial Services Office

Recipient:

Student ID:

Name of Scholarship:

Award Amount:

TO BE COMPLETED BY A MEMBER OF THE AWARDING AGENCY'S SELECTION COMMITTEE:

Name:		Title:
Phone Number:		Email:
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Is this an established and continuing scholarship program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Does this scholarship restrict the recipients' choice of institutions?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does an individual or group who is an athletic booster of Washington State University provide this scholarship/grant?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is this a renewable scholarship or grant for the student awarded? If YES, for how long of a period? _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Does the criterion for awarding this scholarship/grant change from year to year? If YES, how? _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Does the scholarship have any relationship to athletic ability?	

Please attach a copy of the application (a blank copy is okay). If no application is used, please provide list of the scholarship's award criteria on **letterhead**.

Signature of person completing form

Printed Name

Date

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 STAFF	
SCHOLARSHIP CLASSIFICATION:	SHIP_ _____ EVALUATION DATE: _____
ALLOWABLE BY COACH?:	YES NO N/A DEFER _____
UNTIL:	
SCHOLARSHIP FUND NUMBER:	UPDATED IN CAI: <input type="checkbox"/>