



**NCAA STUDENT-ATHLETE OPPORTUNITY FUND  
(SPECIAL ASSISTANCE FUND)  
APPLICATION FORM**

<b>Student-Athlete Name:</b> (Please Print or Type Given Name Clearly Below)	<b>Student ID#:</b>

<b>Institution:</b>	<b>Sport:</b>
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**IMPORTANT INFORMATION:**

1. A student-athlete is limited up to \$850 assistance per academic year or less as deemed by the institution.
2. Unless there is an unusual circumstance/case (Conference Office will determine upon receipt) all requests will be processed on a monthly basis beginning September 30 with final disbursement on May 31.
3. Receipts (or projected expenses on store/office letterhead) must be included with the application for Medical Expenses.
4. All receipts for monies disbursed must be turned in and kept on file with the institution. Failure to submit receipts will result in student-athlete's account being assessed. In addition, monies received must be used for the approved purpose.

**Purpose for which funds are requested (Please Check Appropriate Box(es) :**

<b>Educational Expenses:</b> <input type="checkbox"/> Professional Program Testing \$ _____ <input type="checkbox"/> Expendable Educational Supplies (Notebooks, pens, etc.) \$ _____ <input type="checkbox"/> Non-Expendable Educational Supplies (Calculator, lab equip.) \$ _____ <input type="checkbox"/> Other Educational Expenses \$ _____	<b>Health and Safety Expenses:</b> <input type="checkbox"/> Medical \$ _____ <input type="checkbox"/> Dental \$ _____ <input type="checkbox"/> Vision \$ _____ <input type="checkbox"/> Other Health & Safety Expenses \$ _____	<b>Personal or Family Expenses:</b> <input type="checkbox"/> *Clothing (\$500 Limit) \$ _____ <input type="checkbox"/> Emergency Travel \$ _____ <input type="checkbox"/> Other Personal or Family Expenses \$ _____  <b>*Clothing cannot be sports specific i.e. spikes,          running tights, practice clothes, gloves, etc.</b>
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**TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_**

<b>Please Check Appropriate Box(es) [Required in order to process]:</b>	Pell Grant <input type="checkbox"/>	Full Grant-in-Aid <input type="checkbox"/>
	Partial Grant-in-Aid <input type="checkbox"/>	No Grant-in-Aid <input type="checkbox"/>
	Receiving funds with Exhausted Eligibility or Medical Reason <input type="checkbox"/>	

Student-Athlete Signature	Date	Director of Athletics/SWA Signature	Date

**FOR MEAC OFFICE USE ONLY:**

- Approved
- Not Approved

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Commissioner's Signature Date