

Outside Financial Aid Verification Form (Student Athlete)



University of
Massachusetts
Amherst BE REVOLUTIONARY

Financial Aid Services
243 Whitmore Administration Building
181 Presidents Drive

Phone: 413-545-0801 Fax: 413-545-1700
Email: fnaid@fnaid.umass.edu

The student must complete page 1 only and have the Awarding Agency complete page 2 of this Form for each outside scholarship received.

Name (Last, First MI): _____ SPIRE ID: _____

Sport: _____

Email: _____ Phone Number: () _____

NCAA legislation requires that all student-athletes report any financial assistance other than that contained in institutionally-approved financial aid packages or that provided by parent(s) or legal guardian(s).

NCAA Division 1 Proposal No. 2010-69-B dictates that a student athlete may receive financial aid from a source outside the university, provided:

- (a) The scholarship is offered by an established and continuing scholarship program;
- (b) The recipient's choice of institution is not restricted by the scholarship program or donor;
- (c) There is no direct connection between the donor and the student athlete's institution; and
- (d) The financial aid is not provided by an outside sports team or organization that conducts a competitive sports program to an individual who is or has been a member of that team or organization.

I, _____, grant the University of Massachusetts Amherst and its representatives and agents permission to access all personal information, records and documentation related to all sources of financial aid that are not provided by my parents and/or legal guardians. I understand that failing to disclose all sources of financial aid may result in my ineligibility for intercollegiate competition.

Please complete this form for every outside aid award received in Fall, Spring, or Summer of the current academic year. Note that answers to these questions, or failing to provide answers to these questions, may result in a reduction or cancellation of institutional (including athletic), state, federal, and/or private aid.

Name of Award	Amount of Award	Name of Awarding Agency	Awarding Agency Contact Name	Awarding Agency Email and/or Phone #

Student Signature: _____ Date: _____

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243 Whitmore Administration Building
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FATHOS

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Scholarship Recipient Name: _____ SPIRE ID: _____

This section must be completed by a representative of the Scholarship Awarding Agency or Entity and submitted to Financial Aid Services at UMass Amherst.

Name of Scholarship Agency/Program: _____
 Agency/Program Address: _____
 Email Address: _____
 Telephone Number: () _____

Please Check Yes or No for All Questions:

A. Does the awarding agency intend to continue to award scholarships to any student(s) in the future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Was the student's choice in institution restricted in any way by the scholarship or donor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Does the program or donor have any connection to UMass Amherst (e.g. is the donor a UMass Amherst employee, UMass Amherst alumni, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Did the student represent your organization in any athletic competition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Is this student's selection for this award in any way related to athletics, athletic participation, or athletic performance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered "Yes" to questions B,C,D or E above, please provide an explanation in the space below or attach a separate page.

Name and Title of Person completing this form: _____

Signature: _____ Date: _____

Submit completed form to:

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