

SUMMER AID APPLICATION

COLORADO STATE UNIVERSITY - DEPARTMENT OF ATHLETICS



DEADLINE FOR APPLICATION IS WEDNESDAY, March 30th by 5:00pm
APPLICATIONS ARE TO BE RETURNED TO YOUR ATHLETIC ACADEMIC COORDINATOR.

BEFORE SUBMITTING THIS APPLICATION, PLEASE NOTE THE FOLLOWING:

Only student-athletes currently receiving athletic aid, or who will be receiving aid for the following academic year, are eligible for a summer aid award. Summer aid may only be awarded in proportion to the amount of aid received in the previous academic year or a lesser amount.

Not all applicants for summer aid may be approved, it depends on need and available resources.

NAME: _____ **CSU ID#:** _____ **DATE:** _____

E-Mail ADDRESS: _____

CELL PHONE: _____ **SPORT:** _____ **MAJOR:** _____

CLASS STATUS FA21 (please check 1): 1st YR 2nd YR 3rd YR 4th YR 5th YR **CUMULATIVE GPA:** _____

Please answer each of the following questions to the best of your ability. Incomplete applications will not be accepted:

1. Are you a Colorado resident? YES NO
2. Are you a Pell Grant recipient? YES NO
3. What is your anticipated date of graduation (indicate academic term – Fall, Spring, Summer, and year)? _____
4. Where will you be living in the summer? On Campus Housing Off Campus Housing At Home with Family
NOTE: If you are residing at home you will not receive a housing stipend
5. Have you previously received athletic aid to attend summer school? YES NO
 If yes, in what year(s)? _____ for what purpose? _____

6. Please state your specific reason(s) for requesting summer aid:

7. Please list the course(s) for which you are requesting summer aid:

Course Prefix/Number	# of Credits	Session Dates	# of weeks	online
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

8. Do you intend to enroll in any courses utilizing the repeat/delete option? YES NO
 If yes, which course(s)? _____

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STATEMENT OF UNDERSTANDING:

By submitting this application for summer aid, I am aware that I am not guaranteed a summer aid award. All applications will be reviewed, and aid will be granted as deemed appropriate by the athletic administration. I am also aware that summer aid evaluations are made on a case-by-case basis; the following factors may negatively impact my request for aid:

1. Failing to comply with class attendance policies and turning in course assignments during the regular academic year
2. Failing to attend assigned tutorial sessions and follow through on recommendations made by Student-Athlete Support Services during the regular academic year
3. Creating an academic eligibility issue due to a course withdrawal(s), a course failure(s), or a major change made without prior approval from Student-Athlete Support Services
4. Having previously requested aid to correct an academic eligibility issue
5. Requesting aid to complete a non-required minor or second (non-primary) major
6. Requesting aid to begin a graduate curriculum after eligibility has been exhausted
7. Requesting aid to enroll in and complete courses that are not proven to be degree applicable
8. Requesting aid for the sole purpose of avoiding course conflicts with academic year practice schedules
9. Requesting aid to retake a course that I previously failed

Note: Preference will be given to student-athletes who have exhausted or will exhaust their eligibility in the upcoming year and require summer aid to assist them in the completion of their degree program in a timely manner.

STATEMENT OF AGREEMENT:

Further, if awarded aid, I agree to adhere to the following rules and procedures (please check each statement to acknowledge):

- I will attend every class meeting of the summer course in which I am enrolled.
- If taking a course to restore or maintain academic eligibility, I will meet with my Academic Coordinator as assigned and follow through on all recommendations made by Student-Athlete Support Services, including fulfilling structured study requirements.
- I will not withdraw from a course in which I have enrolled without the explicit permission of my Academic Coordinator and the approval of the Director of Student-Athlete Support Services.
- If I do not successfully complete the course in which I am enrolled or do not follow the rules and procedures listed above, I understand that the Athletic Department may charge all or a portion of the aid I received back to my student account. In such case, I will be personally responsible for repaying these expenses to the University.**

My signature below indicates that I have read and understood the guiding principles, rules and procedures pertaining to summer aid:

Student-Athlete's Signature: _____ Date: _____

HEAD COACH'S STATEMENT

I approve this application.

Head Coach's Signature: _____ Date: _____