Part I: TO BE COMPLETED BY THE STUDENT-ATHLETE

________________________________________  ___________________   _____________________________
Name     Eagle ID   Sport

Part II: TO BE COMPLETED BY A MEMBER OF THE AWARDING ORGANIZATION

The student-athlete indicated above is receiving financial aid from your organization. To insure compliance with NCAA rules and regulations regarding outside aid for student-athletes, your assistance is needed to gather additional information. Please complete the following:

________________________________________
Organization

________________________________________
Name of award   Award amount

1. What are the criteria for this award?
   a. 
   b. 
   c. 
   d. 

2. This award is:  □   One-time      □   Renewable

3. Is the recipient’s college choice restricted by the donor of the aid?  □   Yes      □   No
   If yes, please explain:

4. Is there any direct connection between the awarding individual, organization or the donor of the aid and Boston College, the Boston College Athletic Department, or the Flynn Fund?  □   Yes      □   No
   If yes, please explain:

5. How is the scholarship paid?   □   To the student   □   To Boston College   □   Joint payees
   If paid to directly to the student, when was/will it be paid?

If payment will be to Boston College, please make checks payable to Boston College and the student and mail to Boston College Student Services, 140 Commonwealth Ave., Chestnut Hill, MA 02467.

Please return this form to Boston College Athletics Compliance Office, Conte Forum 308, Chestnut Hill, MA 02467 or fax to (617)552-8786. Thank you for your assistance.

__________________________________________  ___________________________________
Signature of representative completing form    Title

__________________________________________  ________________________________
Printed name          Phone number

2014-15