2016-2017
BCAD
Compliance Forms
I. RECRUITING

R-1  Unofficial Visit Ticket Request List
R-2  Coaches of Prospective Student Athletes Ticket Request List
R-3  Official Visits Permissible Restaurant List
R-4  Student-Athlete Host Instructions and Agreement Form
R-5  Prospect Instructions and Agreement Form
R-6  Prospect Receipt Form
R-7  Boston College Business Office Expense Report
R-8  Basketball On-Campus Evaluation (OCE) Approval Form
R-9  On-Campus Evaluation Volunteer Release Form (OCE)
**UNOFFICIAL VISIT**

**TICKET REQUEST LIST**

<table>
<thead>
<tr>
<th>NAME OF GUEST</th>
<th>NUM OF TIX</th>
<th>NAME OF SCHOOL/TEAM</th>
<th>BC COACH REQUESTING TIX</th>
<th>SPECIFIC COMMENTS</th>
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NCAA Bylaw 13.7.2.1, General Restrictions, states, “During an unofficial visit, the institution may not pay any expenses or provide any entertainment except a maximum of three complimentary admissions (issued only through a pass list) to a home athletics event at any facility within a 30-mile radius of a member institution’s main campus in which the institution’s intercollegiate team practices or competes. Such complimentary admissions are for the exclusive use of the prospect and those persons accompanying the prospect on the visit and must be issued on an individual-game basis. Such admissions may provide seating only in the general seating area of the facility utilized for conducting the event. Providing seating during the conduct of the event (including intermission) for the prospect or the prospect's parents [or legal guardian(s)] or spouse in the facility's press box, special seating box(es) or bench area is specifically prohibited.”

13.7.2.1.1 Exception -- Nontraditional Family, states, “If a prospect is a member of a nontraditional family (e.g., divorce, separation), the institution may provide up to two additional complimentary admissions to the prospect in order to accommodate the parents accompanying the prospect (e.g., stepparents) to attend a home athletics event.
TICKET REQUEST LIST
FOR COACHES OF PROSPECTIVE STUDENT-ATHLETES

SPORT: _____ DATE OF COMPETITION: _____ OPPONENT: _____

<table>
<thead>
<tr>
<th>NAME OF GUEST</th>
<th>NUM OF TIX</th>
<th>TYPE OF SCHOOL/TEAM (CHECK ONE)</th>
<th>NAME OF SCHOOL/TEAM</th>
<th>BC COACH REQUESTING TIX</th>
<th>SPECIFIC COMMENTS</th>
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<td>□ HS/Prep □ 2-Yr College</td>
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<td>□ HS/Prep □ 2-Yr College</td>
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Entertainment of a high school, preparatory school or two-year college coach or any other individual responsible for teaching or directing an activity in which a prospective student-athlete is involved shall be limited to providing a maximum of two complimentary admissions (issued only through a pass list) to home intercollegiate athletics events at any facility within a 30-mile radius of the institution's main campus, which must be issued on an individual-game basis.
The following restaurants may be used during official visits:

- Abe and Louie’s
- Abbott’s Frozen Custard
- Bertucci’s Brick Oven Pizzeria
- Boston College Club
- Brasserie Jo (at the Colonnade Hotel)
- Cantina Italiana
- Capital Grille
- Cheers
- Cheesecake Factory
- Ciao Bella
- Del Frisco’s Steakhouse (with certain limitations please see Compliance)
- FuGaKyu
- Giacomo’s Restaurant
- Champions (at the Boston Marriott Copley Place)
- Houston’s - Hillstone
- Hyatt Harborside Grill & Patio
- Joe’s American Bar and Grill
- Johnny’s Luncheonette
- Legal Sea Foods
- Limoncello
- Lineage
- Maggiano’s
- McCormick and Schmick’s
- Mike’s Pastry
- Morton’s the Steakhouse
- Waterline (at the Boston Marriott Long Wharf)
- Omni Parker House
- Porcini’s
- Quincy Market Colonnade
- Ristorante Fiore
- Riverbend Bar and Grill (at the Boston Newton Marriott)
- Smith and Wollensky
- Stats Bar & Grille
- Stockyard Restaurant
- Union Street Restaurant
- Village Smokehouse

If a restaurant is not listed above, a coach must contact Compliance for approval prior to bringing a prospective student-athlete to the restaurant.

Each individual (i.e., prospective student-athlete, parents/legal guardians) is permitted only one entrée per meal.
<table>
<thead>
<tr>
<th>Prospect’s Name:</th>
<th>Sport:</th>
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<table>
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<tr>
<th>Arrival Date:</th>
<th>Departure Date:</th>
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<table>
<thead>
<tr>
<th>Student-Athlete Host’s Name:</th>
<th>Amount of Host Money:</th>
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</table>

1. Acting as a student-athlete host is an important service. Your conduct, and the conduct of the prospective student-athlete you host, should reflect positively on the Athletic Department and Boston College.

2. You must attend all functions with the prospective student-athlete.

3. You may receive a maximum of $40 per day to entertain the prospective student-athlete and the prospective student-athlete’s parents. (You may receive an additional $20 per day to entertain each additional prospective student-athlete hosted.) You must handle the money personally and may **NOT** provide it directly to the prospective student-athlete. The money may **NOT** be used to purchase souvenirs or mementos (e.g., hat, t-shirt, sweatshirt). You may **NOT** use your own money to purchase items for the prospective student-athlete (e.g., souvenirs, mementos, meals via your meal card). In addition, you may **NOT** arrange for discounted goods or services for the prospect.

4. You may only entertain the prospective student-athlete and their parents within a 30-mile radius of campus.

5. You may **NOT** participate in or allow your prospective student-athlete to participate in inappropriate or impermissible entertainment activities. Such activities include, but are not limited to, gambling, visiting bars, clubs, and adult entertainment venues (e.g., renting adult movies, visiting adult movie theaters, visiting strip clubs, or using escort services) and hazing of any kind. Hazing of any kind is illegal in the State of Massachusetts.

6. You may **NOT** provide alcohol or drugs to prospective student-athlete, as a matter of Athletic Department policy and State law. (The legal drinking age in the Commonwealth of Massachusetts is 21.)

7. You may receive a complimentary meal, provided you accompany the prospective student-athlete to the meal during the visit. This includes meal cards. In order to use a meal card, you **MUST** be in attendance at the dining hall with the prospective student-athlete. Meal Cards can only be used at dining facilities and cannot be used at other locations (e.g., concessions stands, vending machines). You are allowed up to three (3) meals and a snack per day if you are with the prospective student-athlete.

8. You may receive a complimentary admission to a campus athletic event, provided you accompany the prospective student-athlete to the event during the visit.

9. You may **NOT** use an automobile provided by a staff member or a booster during the prospective student-athlete’s official visit to campus. However, a coach may provide you and the prospective student-athlete transportation within a 30-mile radius of campus.

10. Boosters may **NOT** be involved in recruiting the prospective student-athlete. Therefore, if you and the prospective student-athlete encounter a booster during the visit, your conversation must be limited to an exchange of greetings.

11. The prospective student-athlete may participate in recreational activities, provided the activities are not organized or observed by a coach and are not designed to test the athletics abilities of the prospective student-athlete.

My signature below indicates that I have read and agree to abide by the above instructions. I understand that failure to comply with these rules and regulations may lead to disciplinary action, including the loss of eligibility, by the NCAA, the Atlantic Coast Conference, and/or Boston College. I will contact my coach or the Compliance Office with questions or concerns related to these instructions.

In addition, my signature below indicates that I have received $_______ to entertain the prospective student-athlete named above and the prospective student-athlete’s parents.

Student-Athlete Host’s Signature: ___________________________ Date: ________________

I have reviewed the University expectations for Official Visits with the student host.

Coach’s Signature: ___________________________ Date: ________________

**RETURN COMPLETED FORM TO THE COMPLIANCE OFFICE NO MORE THAN FIVE (5) BUSINESS DAYS AFTER OFFICIAL VISIT**
# PROSPECT INSTRUCTIONS AND AGREEMENT FORM

*(Agreement must be signed and dated by the prospect prior to the official visit.)*

**Prospect’s Name:** 

**Sport:** 

**Arrival Date:** / /  

**Departure Date:** / /  

1. You may make five (5) official visits total, one (1) official visit per institution.
2. Your official visit may NOT exceed 48 hours.
3. You may receive actual round-trip transportation expenses (i.e., standard coach fare) on a direct route from your home, educational institution, or site of athletic competition to campus for your official visit. If you remain in the locale of the institution after the 48-hour period, you may NOT receive return transportation expenses. Your parents and relatives may NOT receive transportation expenses related to your official visit, other than mileage reimbursement for transporting you to campus.
4. You may NOT use an automobile provided by a staff member or a booster during your official visit. However, a coach may provide you and your parents’ transportation within a 30-mile radius of campus.
5. You and your parents may receive lodging and meals on your official visit. However, your relatives (e.g., brother, sister, grandfather, grandmother) may NOT receive lodging and meals related to your official visit. These individuals are responsible for their own expenses.
   a. If you and/or your parents are issued a meal card, it can only be used at designated dining facilities on campus. The meal card cannot be used for other reasons (e.g., concessions, vending machines).
6. You and your parents may be entertained by your student-athlete host or a staff member within a 30-mile radius of campus.
7. You and two (2) guests may receive complimentary admissions to a home athletic event. These admissions must be issued through a pass list, rather than as hard tickets. You and your guests may NOT receive complimentary admissions to an away athletic event or postseason athletic event.
8. You may NOT receive cash for entertainment purposes. You may NOT receive souvenirs or mementos (e.g., hat, t-shirt, sweatshirt) from your student-athlete host, a staff member, or a booster. You may NOT receive free or discounted goods or services from a staff member or a booster.
9. You may NOT participate in inappropriate or impermissible entertainment activities. Such activities include, but are not limited to, gambling and visiting bars, clubs, and adult entertainment venues (e.g., renting adult movies, visiting adult movie theaters, visiting strip clubs, or using escort services).
10. You may NOT consume alcohol or drugs, as a matter of Athletic Department policy and State law. (The legal drinking age in the Commonwealth of Massachusetts is 21.)
11. You may NOT violate federal or State law.
12. Boosters may NOT be involved in recruiting you. Therefore, if you encounter a booster during the visit, your conversation must be limited to an exchange of greetings.
13. You may participate in recreational activities, provided the activities are not organized or observed by a coach and are not designed to test your athletics abilities.

**My signature below indicates that I have read and agree to abide by the above instructions. I understand that failure to comply with these rules and regulations may lead to disciplinary action, including the loss of eligibility, by the NCAA, the Atlantic Coast Conference, and Boston College. I will contact the coach administering this form or the Compliance Office with questions or concerns related to these instructions.**

**Prospect’s Signature:** 

**Date:** 

**Coach’s Signature:** 

**Date:** 

**RETURN COMPLETED FORM TO THE COMPLIANCE OFFICE NO MORE THAN FIVE (5) BUSINESS DAYS AFTER OFFICIAL VISIT**
This form should be completed by the Coach and the Prospect (or their accompanying family member) whenever payment is required that must be submitted to the Compliance Office. This form must be submitted to the Compliance Office along with the necessary payment following the completion of the activity.

Prospect: ________________________  Sport: ________________  
Date: ________________________

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ATTENDEE</th>
<th>RELATIONSHIP TO PROSPECT</th>
<th>REASON FOR PAYMENT</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Dorm</td>
<td>Betty Baldwin</td>
<td>Prospect</td>
<td>Unofficial Visit overnight in dorm</td>
<td>$20</td>
</tr>
<tr>
<td>Example: Tailgate</td>
<td>Betty Baldwin</td>
<td>Prospect’s Sister</td>
<td>Official Visit Meal</td>
<td>$17.50</td>
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TOTAL

ATTACHED:  
☐ Check  
☐ Cash

I certify that I have filled out this form correctly and accurately to the best of my knowledge. I understand that failure to provide accurate information on this form, or failing to abide by the terms and conditions of NCAA rules and regulations may jeopardize the eligibility of student-athletes or may result in a NCAA violation.

___________________________     __________
Coach’s Signature      Date

___________________________     __________
Prospect’s Signature      Date

Per NCAA Bylaw 13.6.7.7 During an official visit the prospect and up to four family members may receive the cost of actual meals, not to exceed three per day, on the official visit. Any additional family members must pay for their own.

Per NCAA Bylaw 13.7.2.1.2 During an unofficial visit a prospect must pay the actual cost of meals when eating with other prospects who are on their official visits or with enrolled student-athletes or coaches.

Per NCAA Bylaw 13.7.2.1.3 During an unofficial visit, a prospect may stay in an enrolled student-athlete's dormitory room only if they pay the regular institutional rate for such lodging. Boston College’s rate is $20/night.
#Days: Destination: Beginning: Ending:

## PART 1: TRANSPORTATION

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Mode</th>
<th>From: City/State/Country</th>
<th>To: City/State/Country</th>
<th>Round Trip (X)</th>
<th>Miles</th>
<th>Rate</th>
<th>Amount</th>
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TOTAL Transportation Expenses Subtotal 1 $

## PART 2: TRAVEL EXPENSES

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Location</th>
<th>Lodging</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Miscell. $</th>
<th>Description of Expense</th>
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TOTAL Travel Expenses Subtotal 2 $

## PART 3: OTHER EXPENSES

Certification: I certify that all expenses reported here are appropriate and necessary to the objective of the travel and that no other reimbursement will be forthcoming:

Signature of Employee

Total of Other Expenses Subtotal 3 $

## PART 4: SETTLEMENT

Total Travel Expenses (1+2+3): $
Less: Personal/Other Funding: $
Net Travel Expenses: $

## PART 5: ACCOUNT DISTRIBUTION

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Dept</th>
<th>Fund</th>
<th>Fund Source</th>
<th>Program</th>
<th>Function</th>
<th>Property</th>
<th>Account</th>
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</table>

If funded by a grant or capital project please include the following values:

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Project</th>
<th>PC Bus Unit</th>
<th>Activity</th>
<th>Res Type</th>
<th>Category</th>
<th>Sub-Cat</th>
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Attn Supervisors: Be sure account information and descriptions are filled in before signing travel report.
Boston College Basketball
On-Campus Evaluation Approval Form

This form, with all necessary documentation attached, must be received by the Compliance Office at least five days prior to an on-campus evaluation in order to be approved

I. **PROSPECT INFORMATION**

<table>
<thead>
<tr>
<th>Prospect Name: ____________________________</th>
<th>Elig. Center ID#: ____________________________</th>
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</thead>
<tbody>
<tr>
<td>Date of Visit: ____________________________</td>
<td>Check one: Official Unofficial Date of last competition</td>
</tr>
<tr>
<td>Date of last competition: ____________________</td>
<td>A high school senior who has exhausted his/her eligibility in Basketball.</td>
</tr>
<tr>
<td></td>
<td>A two-year college student who has exhausted his/her eligibility in Basketball.</td>
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<tr>
<td></td>
<td>A four-year college student who has been granted a release for Boston College</td>
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<td></td>
<td>Other (please explain): ____________________________</td>
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II. **ELIGIBILITY AND REQUIREMENTS**

The following documentation is required in order for a prospect to participate in an on-campus evaluation and must be attached to this approval form:

- Signed Boston College Acceptance of Responsibility and Acknowledgement of Risk *(Signed by parent/legal guardian if prospect is under the age of 18 years old)*.
- Documentation that the prospect has undergone a medical examination administered by a physician (e.g., family physician, team physician). Must be an official physical form/documentation provided by the examining physician.
- The examination must have been administered within the past six months (or within six months of the start of basketball season) and must include sickle cell trait testing results.

III. **ON-CAMPUS EVALUATION INFORMATION**

<table>
<thead>
<tr>
<th>Date of On-campus Evaluation: ____________________________</th>
<th>Location: ____________________________</th>
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<tbody>
<tr>
<td>Will current student-athletes be involved? Yes No Time: <em>(2 hours max)</em> ____________________________</td>
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</table>

Potential activities included within evaluation: (check all that apply)

- Weight Lifting
- Individual Skill Instruction
- Conditioning Activities
- Full-Court Practice Activities (e.g., scrimmages)
- Physical Testing
- Other: ____________________________

IV. **PROSPECT INSURANCE INFORMATION**

<table>
<thead>
<tr>
<th>Does the prospect have insurance? Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes: Name of Insurer: ____________________________ Policy Number: ____________________________</td>
</tr>
</tbody>
</table>

V. **APPROVAL SIGNATURES**

| Head Coach:_____________________________ Date: ____________ |
|----------------------------------------|----------------|
| Sports Medicine: ______________________ Date: ____________ |
| Compliance Office: ____________________ Date: ____________ |
ON-CAMPUS EVALUATION VOLUNTEER RELEASE FORM: AGREEMENT FOR PARTICIPANTS

RELEASE AND DISCHARGE, ACCEPTANCE OF RESPONSIBILITY & ACKNOWLEDGMENT OF RISK
This document affects your legal rights. You must read and understand it before initialing or signing it.

Name (print):        Birth Date:    Phone: ____________________________
Address:       City:     State:    Zip: ____________________________
Emergency contact:       Relationship:    Phone: ____________________________

I, the above named person being above age eighteen, hereby acknowledge, agree, promise, and covenant with and release and discharge Boston College and their employees (Releasees) on behalf of myself, my heirs, assigns, personal representative and estate as follows:

ACKNOWLEDGMENT OF RISKS
I understand and acknowledge that the activities I am about to deliberately engage in as a participant bear certain unknown and unanticipated risk which could result in injury, death, physical or mental illness or disease, or damage to myself, to my property, to spectators, or other third parties. I understand and acknowledge those risks may result in personal claims against Releasees or myself by Releasees, spectators, or other third parties. Among these risks are the following: (1) The nature of the activity itself, particular risks of activity; (2) the acts or omissions of Releasees and other persons or entities; (3) latent or apparent defects or conditions in equipment or property supplied by Releasees, or other persons or entities; (4) use or operation, by myself or others, of equipment (including vehicles) supplied or rented by Releasees or other persons or entities; (5) acts of Releasees, participants in this activity, or other persons; (6) weather conditions including but not limited to: lightning, wind, avalanche, flash flood, and rock fall; (7) contact with plants or animals or other environmental hazards; (8) my own physical condition, or my own acts or omissions; (9) conditions of roads, trails, waterways, terrain, and routes taken and accidents connected with their use; (10) first-aid, emergency treatment or other services rendered; (11) consumption of food or drink; (12) other unknown and unanticipated risks.

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease, or damage to myself, to my property, or to spectators or other third parties. I expressly accept those risks not specifically listed above as well.

ACCEPTANCE OF RISK AND RESPONSIBILITY
In consideration of Boston College providing support for this program and allowing me to participate. I AM ASSUMING FULL RESPONSIBILITY FOR MY ACTIVITY while participating and I specifically assume the risk of negligence of others including Boston College, its employees, agents, officers or trustees. BY SIGNING THIS FORM, IT IS MY INTENT TO WAIVE MY RIGHTS TO MAKE LEGAL CLAIMS AGAINST OR TO SUE BOSTON COLLEGE, ITS AGENTS AND REPRESENTATIVES FOR DAMAGES AS COMPENSATION FOR ANY INJURIES SUSTAINED BECAUSE OF MY PARTICIPATION IN ITS ACTIVITY. IT IS MY INTENTION TO RELEASE BOSTON COLLEGE ITS AGENTS AND REPRESENTATIVES FROM LIABILITY TO ME BECAUSE OF MY VOLUNTARY PARTICIPATION IN THIS ACTIVITY.

INFORMED CONSENT AND RELEASE
I certify that I am 18 years of age and have read this ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT and RELEASE and understand all its terms.

Name of Participant (Print) __________________________________________ Date________________________________
Signature of Participant __________________________________________

If participant is under age 18, the parent and/or legal guardian must sign below:
I, the undersigned parent and/or legal guardian of the student listed above, do hereby consent to his or her participation in the program identified above. I, as the parent of the student and on behalf of the student, release, hold harmless and agree to indemnify Boston College, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or the student may suffer, or for which the Student may be liable to any other person, related to the student’s participation in the program (including periods in transit to or from the student’s destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Name of Participant (Print) ___________________________________________ Date________________________________
Signature of Parent/ Guardian________________________________________

I HAVE READ THIS PAGE, AND SIGN TO SHOW THAT I UNDERSTAND AND AGREE:

Signature: ____________________________ Date: ____________________________
II. ELIGIBILITY

E-1 Roster Flag/De-Flag Form
# ROSTER FLAG/DE-FLAG FORM

<table>
<thead>
<tr>
<th>Sport: ___________________________</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________________</td>
<td>EC ID: ___________</td>
</tr>
<tr>
<td>Address: _________________________</td>
<td>BC ID: ___________</td>
</tr>
<tr>
<td>Coach: __________________________</td>
<td></td>
</tr>
</tbody>
</table>

## Select One:
- [ ] Prospective Student-Athlete
- [ ] Transfer Student-Athlete

**Previous Institution:** __________________________

**Date of Initial Enrollment:** ____________  
**Yrs of Participation Used:** ______

- [ ] Current Boston College Student (circle one): Fr. Soph. Jr. Sr. 5th

**FULL ATHLETIC SCHOLARSHIP RECIPIENT:** (circle one) YES NO

**RECRUITED:** (circle one) YES NO

Recruiting is any solicitation of the prospect or the prospect's relatives [or legal guardian(s)] by an institutional staff member or by a representative of the institution's athletics interests for the purpose of securing the prospect's enrollment and ultimate participation in the institution's intercollegiate athletics program. Actions by staff members or athletics representatives that cause a prospective student-athlete to become a recruited prospective student-athlete at that institution are: 1. Providing the prospect with an official visit; 2. Having an arranged, in-person, off-campus encounter with the prospect or the prospect's parent(s), relatives, or legal guardian(s); 3. Initiating or arranging a telephone contact with the prospect, the prospect's relatives or legal guardian(s) on more than one occasion for the purpose of recruitment; or 4. Issuing a National Letter of Intent or the institution's written offer of athletically related aid to the prospect.

## CHECK APPROPRIATE CHANGE OF STATUS BOX AND WRITE IN DATE

- [ ] FLAG  
  **Date Effective:** ____________________________
  
  **(Note: Prospects cannot be “flagged” in the Admissions system until they have applied.)**

- [ ] DE-FLAG  
  **Date Effective:** ____________________________

**REASON FOR DE-FLAG** (circle or explain below):

QUIT      CUT     MEDICAL     ACADEMIC

OTHER: ____________________________

---

FOR COMPLIANCE USE ONLY

<table>
<thead>
<tr>
<th>Flag List: ___________________________</th>
<th>Squad List: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roster: _____________________________</td>
<td>Squad List Addendum: ____________________</td>
</tr>
<tr>
<td>LRSA: _______________________________</td>
<td>Affirmation of Eligibility: ______________</td>
</tr>
</tbody>
</table>

Attachment E-1  
BC Compliance Office 07/16
III. TRANSFERS

T-1  Permission to Contact Request Form
T-2  Permission to Contact Granted Letter
T-3  Blanket Permission to Contact Granted Letter
T-4  Permission to Contact Denial Letter to SA
T-5  One-Time Transfer Exception Denial Letter Sample
T-6  Boston College Transfer Information Form
T-7  Student-Athlete Transfer Eligibility Form
T-8  Two Year College Transfer (2-4) NCAA Residence Requirement Waiver Checklist
T-9  4-2-4 College Transfer NCAA Residence Requirement Waiver Checklist
T-10 Four Year College Transfer NCAA One-Time Transfer Exception
T-11 Four Year College Transfer NCAA Residence Requirement Waiver Summary
T-12 Permission to Contact Hearing Denial Letter Sample
T-13 Permission to Contact Hearing Granted Letter Sample
T-14 One-Time Transfer Exception Hearing Denial Letter Sample
T-15 One Time-Transfer Exception Hearing Granted Letter Sample
Dear NAME,

Per NCAA bylaw 13.1.1.3, Boston College is requesting permission to contact the following student-athlete:

NAME, TEAM

We would appreciate your response by email or facsimile at 617-552-8786. Please feel free to contact me at 617-552-1916 with questions.

Sincerely,

Jerron Pearson
Associate Director-
Compliance & Financial Aid
Boston College

---

**PERMISSION TO CONTACT:**

☐ GRANTED

☐ DENIED

Reason: ____________________________________________________________

_________________________________________________________________

_________________________________________________________________

Print Name _____________________________________________ Title __________

Signature ______________________________________________ Date __________

Attachment T-1 BC Compliance Office 07/16
Dear NAME:

NAME, a member of the Boston College TEAM team, has requested permission to speak to colleges and universities regarding the possibility of transferring. In accordance with NCAA Bylaw 13.1.1.3, Boston College grants permission to members of your staff to contact this student-athlete.

I can be reached at 617-552-6210 should you have any questions. Thank you.

Sincerely,

Carly Pariseau
Associate Athletic Director for Compliance

cc: Head coach
Student-athlete file
Dear NAME:

In accordance with NCAA Bylaw 13.1.1.3, Boston College grants you permission to speak with any institution in the country other than member institutions of the Atlantic Coast Conference about the possibility of transferring.

I can be reached by phone at 617-552-6210 or by e-mail at carly.pariseau@bc.edu should you have any questions.

Sincerely,

Carly Pariseau
Associate Athletic Director for Compliance

cc: Head coach
    Student-athlete file
Dear STUDENT-ATHLETE,

This letter is to inform you that the Boston College Athletic Department has denied your request to contact REQUESTED UNIVERSITY about the possibility of transferring.

NCAA Bylaw 13.1.1.3.1 Hearing Opportunity states:

If the institution decides to deny a student-athlete's request to permit any other institution to contact the student-athlete about transferring, the institution shall inform the student-athlete in writing that he or she, upon request, shall be provided a hearing conducted by an institutional entity or committee outside of the athletics department (e.g., the office of student affairs; office of the dean of students; or a committee composed of the faculty athletics representative, student-athletes and nonathletic faculty/staff members). The institution shall conduct the hearing and provide written results of the hearing to the student-athlete within 15 business days (see Bylaw 13.02.1) of receipt of the student-athlete's written request for a hearing. The student-athlete shall be provided the opportunity to actively participate (e.g., in person, via telephone) in the hearing. If the institution fails to conduct the hearing or provide the written results to the student-athlete within 15 business days, permission to contact the student-athlete shall be granted by default and the institution shall provide written permission to the student-athlete.

Pursuant to the aforementioned bylaw, please let this letter serve as your written notification of your right to a hearing opportunity. If you would like to request a hearing, please submit your request in writing to the faculty athletics representative, Dr. Robert Taggart, within 10 days of the date of this letter at the following address:

Dr. Robert Taggart  
Boston College  
140 Commonwealth Avenue  
Fulton Hall, Room 560D  
Chestnut Hill, MA 02467  
or via e-mail at robert.taggart@bc.edu

Sincerely,

Carly Pariseau  
Associate Athletics Director for Compliance  

cc: Brad Bates  
<Head Coach>  
<Sport Supervisor>  
Jaime Seguin  
Robert Taggart

Attachment T-4  
BC Compliance Office 07/16
Dear STUDENT-ATHLETE,

The Boston College Athletic Department has been contacted by REQUESTING/REQUESTED INSTITUTION requesting a one-time transfer exception for you as a potential transfer student-athlete. This letter is to inform you that the request has been denied.

NCAA Bylaw 14.5.5.2.10 (d) One-Time Transfer Exception states:

If the student is transferring from an NCAA or NAIA member institution, the student's previous institution shall certify in writing that it has no objection to the student's being granted an exception to the transfer-residence requirement. If the student's previous institution denies his or her request for the release, the institution shall inform the student-athlete in writing that he or she, upon request, shall be provided a hearing conducted by an institutional entity or committee outside of the athletics department (e.g., the office of student affairs; office of the dean of students; or a committee composed of the faculty athletics representative, student-athletes and non-athletics faculty/staff members). The institution shall have established reasonable procedures for promptly hearing such a request.

Pursuant to the aforementioned bylaw, please let this letter serve as your written notification of your right to a hearing opportunity. If you would like to request a hearing, please submit your request in writing to the faculty athletics representative, Dr. Robert Taggart, within 10 days of the date of this letter at the following address:

Dr. Robert Taggart
Boston College
140 Commonwealth Avenue
Fulton Hall, Room 560D
Chestnut Hill, MA 02467

or via e-mail at robert.taggart@bc.edu

Sincerely,

Carly Pariseau
Associate Athletics Director for Compliance

cc: Brad Bates
    <Head Coach>
    <Sport Supervisor>
    Jaime Seguin
    Robert Taggart

Attachment T-5
Boston College
Transfer Information Form

Date:
To:
Re: Student – Sport(s):

The above named student has indicated an interest in transferring to Boston College and participating in the sport indicated. In order to determine the student's eligibility, we ask for your assistance in completing and returning this form. If you have any questions or concerns, please do not hesitate to contact me at 617-552-1916. Thank you very much for your time and assistance.

1. Per NCAA Bylaw 13.1.1.3, do we have permission to contact this individual?  □ Yes □ No

2. Dates of full-time attendance of this student at your institution: ______/_____/______ to ______/_____/______

3. Did the student transfer to your institution?  □ Yes □ No
   If yes, from what institution? ____________________________________________

4. Please complete the following chart regarding athletics involvement:

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Sport</th>
<th>Practiced? Y or N</th>
<th>Used Season of Competition? Y or N</th>
<th>Received Ath Aid? Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

5. Did the student sign a National Letter of Intent with your institution?  □ Yes □ No
   If yes, date signed? ____________________________

6. Was the student recruited by your institution?  □ Yes □ No

7. Is the student in good academic standing?  □ Yes □ No

8. Did the student pass at least six (6) hours of academic credit during their most recent term of full-time enrollment at your school?  □ Yes □ No

9. Does the student meet progress-toward-degree requirements?  □ Yes □ No

10. Would the student have been academically eligible to compete if he/she had remained at your institution?  □ Yes □ No

11. Is the student under any disciplinary suspension from your institution?  □ Yes □ No

12. Did this student graduate from your institution?  □ Yes □ No
   If yes, date of graduation? ____________________________

13. Do you have any objection to this student being granted an exception to the transfer residence requirement (Bylaw 14.5.5.2.10) to be immediately eligible for competition?  □ Yes □ No □ Not Applicable

________________________________________________     _________________________________________
Name (Print)                   Signature
________________________________________________          _________________________________________
Title                       Date

Please return to Jerron Pearson, Associate Director for Compliance & Financial Aid by email at pearsojg@bc.edu or fax at 617-552-8786

Attachment T-6

BC Compliance Office 07/16
# STUDENT-ATHLETE TRANSFER ELIGIBILITY FORM

**Student-Athlete's Name:** ____________________  
**Sport:** ____________________  

**Enrollment Term at Boston College:** ____________  
**Date:** ________________

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Previous Institution(s)</th>
<th>Division</th>
<th>Ath Aid</th>
<th>2 yr or 4 yr Institution</th>
<th>Practiced</th>
<th>Competed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES / NO</td>
<td>2 yr / 4 yr</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES / NO</td>
<td>2 yr / 4 yr</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES / NO</td>
<td>2 yr / 4 yr</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>YES / NO</td>
<td>2 yr / 4 yr</td>
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<td></td>
<td></td>
<td></td>
<td>YES / NO</td>
<td>2 yr / 4 yr</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES / NO</td>
<td>2 yr / 4 yr</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

**Permission to Contact letter on file?**  YES / NO / N/A  
*(Needed for transfers from any NCAA or NAIA domestic four-year collegiate institutions)*

**Transfer Information Tracer on file?**  YES / NO  

---

**FOR REGISTRAR’S USE ONLY**

**Eligibility Center Certification:**  Qualifier  Partial-Qualifier  Non-Qualifier  N/A  

**Progress Toward Degree Requirement met at Previous Institution:**  YES / NO  

**# of Transferable Credits:** ________  

**Progress Toward Degree Percent Requirement met at Boston College:**  40 / 60 / 80 / NO / N/A  

**Cumulative GPA of transferable credits:** ________  

**Major Declared:**  YES / NO / N/A  

**Notes:**  ________________________________________________  

_________________________________________________________________________  

_________________________________________________________________________

Attachment T-7  BC Compliance Office 07/16
TWO-YEAR COLLEGE TRANSFER (2-4)
NCAA Residence Requirement Waiver Checklist

Name_________________________          Sport_____________________

Previous Institution(s)  _________________________ Term of Initial Enrollment: ________________

[  ] 14.5.4.1 Qualifier
A transfer student from a two-year college who was a qualifier (per Bylaw 14.3.1.1) is eligible for competition in Division I institutions the first academic year in residence only if the student has spent at least one full-time semester or one full-time quarter in residence at the two-year college (excluding summer sessions), presented a minimum grade-point average of 2.000 (see Bylaw 14.5.4.5.3.2) and satisfactorily completed an average of at least 12-semester or -quarter hours of transferable-degree credit acceptable toward any baccalaureate degree program at the certifying institution for each full-time academic term of attendance at the two-year college.

In baseball and basketball, a qualifier who satisfies the provisions of Bylaw 14.5.4.1, but initially enrolls at the certifying institution as a full-time student subsequent to the conclusion of the institution's first term of the academic year, shall not be eligible for competition until the ensuing academic year.

[  ] 14.5.4.2 Not a Qualifier
A transfer student from a two-year college who was not a qualifier (per Bylaw 14.3.1.1) is eligible for institutional financial aid, practice and competition the first academic year in residence only if the student:

___ Graduated from the two-year college; and

___ Completed satisfactorily a minimum of 48-semester or 72-quarter hours of transferable-degree credit acceptable toward any baccalaureate degree program at the certifying institution, including 6-semester hours/8-quarter hours of transferable English credit, 3-semester hours/4-quarter hours of transferable math credit and 3-semester hours/4-quarter hours of transferable natural/physical science credit; and

___ Attended a two-year college as a full-time student for at least three semesters or four quarters (excluding summer terms); and

___ A cumulative grade-point average of 2.500 (see Bylaw 14.5.4.5.3.2).

The following requirements must also be met:

___ Not more than a total of 18-semester or 27-quarter hours of the transferable-degree credit may be earned during summer terms, and not more than nine-semester or 13.5 quarter hours of the transferable-degree credit may be earned during the summer term(s) immediately prior to the transfer; and

___ A student-athlete is not permitted to satisfy the three-semester/four-quarter attendance requirement during one academic year; and

___ In baseball and basketball, a student who was not a qualifier (per Bylaw 14.3.1.1) who satisfies the provisions of Bylaw 14.5.4.2, but initially enrolls at a certifying institution as a full-time student subsequent to the conclusion of the institution's first term of the academic year, shall not be eligible for competition until the ensuing academic year.
14.5.4.6 Exceptions or Waivers for Transfer from Two-Year Colleges

A transfer student from a two-year college or from a branch school that conducts an intercollegiate athletics program is not subject to the residence requirement at the certifying institution if any one of the following conditions is met. An individual who is not a qualifier shall not be permitted to use the exceptions under this bylaw.

___ The student changed institutions in order to continue participation in a sport because the student's original two-year college dropped the sport from its intercollegiate program (even though it may subsequently establish that sport on a club basis) or never sponsored the sport on the intercollegiate level while the student was in attendance at that institution, provided the student never attended any other collegiate institution that offered intercollegiate competition in that sport and the student earned at least a minimum 2.000 grade-point average (see Bylaw 14.5.4.5.3.2) at the two-year college.

In applying this provision for an exception to the residence requirement, the original collegiate institution shall be the two-year college in which the student was enrolled immediately prior to the transfer to the certifying institution, provided that, if the student is transferring from a two-year college that never sponsored the sport on the intercollegiate level, the student never shall have attended any other collegiate institution that offered intercollegiate competition in that sport. (or)

___ The student transfers to the certifying institution from a two-year college and, for a consecutive two-year period immediately prior to the date on which the student begins participation (practice and/or competition), the student has not competed in intercollegiate competition and has not engaged in other countable athletically related activities in the involved sport in intercollegiate athletics in the involved sport beyond a 14 consecutive-day period, or has neither practiced nor competed in organized noncollegiate amateur competition while enrolled as a full-time student in a collegiate institution. The 14 consecutive-day period begins with the date on which the student-athlete first engages in any countable athletically related activity (see Bylaw 17.02.1). The two-year period does not include any period of time prior to the student's initial-collegiate enrollment.

In summary, the student-athlete named:

[ ] Has [ ] Has NOT competed at the two-year college in any competition other than regularly scheduled scrimmages in that sport during the same academic year. **If answered “has”, the student is not eligible for any competition in a sport (during either the segment that concludes with the NCAA championship or the other segment).** (Bylaw 14.5.4.5.7)

[ ] If multiple two-year colleges are involved, at least 25 percent of credits used to fulfill the student’s academic degree requirements must be earned at the two-year college that awards the degree per Bylaw 14.5. (Bylaw 14.5.4.5.1)

[ ] Has been granted an exception to the transfer residence requirement, having met the criteria for the specified situation above. Appropriate documentation, if necessary, is attached.

[ ] Must complete one year in residence at this institution before becoming eligible for competition.

<table>
<thead>
<tr>
<th>Compliance Office</th>
<th>Date</th>
<th>Office of Admission</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Athletics Representative</td>
<td>Date</td>
<td>Registrar’s Office</td>
<td>Date</td>
</tr>
</tbody>
</table>

Attachment T-8

BC Compliance Office 07/16
4-2-4 COLLEGE TRANSFER
NCAA Residence Requirement Waiver Checklist

Name: __________________________________ Date: ______________________________________

Sport: __________________________________ Term of Initial Enrollment at BC: ________________

Previous Institutions: 1. ____________________ Term of Initial Enrollment: _____________________
                      2. ____________________ Term of Initial Enrollment: _____________________

[ ] 14.5.6. 4-2-4 College Transfers
A student who transfers from a four-year college to a two-year college and then to the certifying institution shall complete one academic year of residence at the certifying institution prior to engaging in intercollegiate competition, unless the student has:

  ____ Completed an average of at least 12-semester or -quarter hours of transferable degree credit, with a cumulative minimum grade-point average of 2.000, acceptable toward any baccalaureate degree program at the certifying institution for each term of full-time attendance at the two-year college following transfer from the four-year college most recently attended; and

  ____ One calendar year has elapsed since the student's departure from the previous four-year college (one year since the date that the student-athlete takes formal action with the appropriate institutional authorities required for all students to indicate that the student-athlete is leaving the previous four-year institution and no longer will be attending classes); and

  ____ The student has graduated from the two-year college (see Bylaws 14.5.4.5.1 and 14.5.4.5.3.2).

[ ] 14.5.6.1. 4-2-4 College Transfers Exceptions
A "4-2-4" transfer student who does not meet the requirements of Bylaw 14.5.6 is not subject to the residence requirement for intercollegiate competition if any of the following conditions are met:

  ____ The student returns to the four-year college from which he or she transferred to the two-year college, provided the student did not have an unfulfilled residence requirement at the time of the transfer from the four-year college. The amount of time originally spent in residence at the first four-year college may be used by the student in completing the unfulfilled residence requirement at that institution; or

  ____ The student initially was enrolled in a four-year collegiate institution that never sponsored the student's sport on the intercollegiate level while the student was in attendance at the institution (provided the student never had attended any other four-year collegiate institution that offered intercollegiate competition in that particular sport) and provided the student was a qualifier and satisfactorily completed an average of at least 12-semester or -quarter hours of transferable-degree credit acceptable toward any baccalaureate degree program at the certifying institution during each academic term of attendance with an accumulative minimum grade-point average of 2.000 (see Bylaw 14.5.4.5.3.2), and spent
at least two semesters or three quarters in residence at the two-year college (excluding summer sessions); or

The student qualifies for an exception to the two-year college transfer requirements (see Bylaw 14.5.4.6) and qualifies for the same exception to the four-year college transfer residence requirement (see Bylaw 14.5.5.2).

---

**In summary, the student-athlete named above:**

[ ] Qualifies for the waiver of the one year residency requirement cited above, corroborating documentation attached. (Note: All conditions listed under selected waiver must be met unless otherwise indicated.)

[ ] Must complete one year in residence at this institution before becoming eligible for competition.

______________________________  __________________

Compliance Office     Date

______________________________  __________________

Faculty Athletic Representative     Date

______________________________  __________________

Admissions Office     Date

______________________________  __________________

Registrars Office     Date
FOUR-YEAR COLLEGE TRANSFER
NCAA One-Time Transfer Exception

Name_________________________           Sport___________________________

14.5.5.2.10 One-Time Transfer Exception
An undergraduate student-athlete transfers to the certifying institution from another four-year collegiate institution, and all of the following conditions are met:

_____ The student is a participant in a sport other than baseball, basketball, bowl subdivision football or men's ice hockey at the institution to which the student is transferring. A participant in championship subdivision football at the institution to which the student is transferring may use this exception only if the participant transferred to the certifying institution from an institution that sponsors bowl subdivision football and has two or more seasons of competition remaining in football or the participant transfers from a football championship subdivision institution that offers athletically related financial aid in football to a football championship subdivision institution that does not offer athletically related financial aid in football; and

_____ The student has not transferred previously from one four-year institution unless, in the previous transfer, the student-athlete received an exception per Bylaw 14.5.5.2.6 (discontinued/nonsponsored sport exception); and

_____ The student is in good academic standing and meets the progress-toward-degree requirements. The transferring student must be one who would have been academically eligible had he or she remained at the institution from which the student transferred, and he or she also must be eligible at the certifying institution as a regularly enrolled, full-time, degree-seeking student who was admitted in accordance with the regular, published entrance requirements of the institution. The student shall not be required to fulfill the necessary percentage-of-degree requirements at the previous institution; and

_____ If the student is transferring from an NCAA or NAIA member institution, the student's previous institution shall certify in writing that it has no objection to the student's being granted an exception to the transfer-residence requirement. If the institution receives a written request for a release from a student-athlete, the institution shall grant or deny the request within seven business days. If the institution fails to respond to the student-athlete’s written request within seven business days, the release shall be granted by default and the institution shall provide a written release to the student-athlete.

14.6.1 One-Time Graduate Transfer Exception
A graduate student-athlete who is enrolled in a graduate or professional program of an institution other than the institution from which he or she previously received a baccalaureate degree may participate in intercollegiate athletics if the student-athlete fulfills the conditions of the one-time transfer exception set forth in Bylaw 14.5.5.2.10 and has eligibility remaining. A graduate student-athlete who does not meet the on one-time transfer exception due to the restrictions of Bylaw 14.5.2.2.10-(a) shall qualify for this exception provided:
_____ The student-athlete fulfills the remaining conditions of Bylaw 14.5.5.2.10;
_____ The student-athlete has at least one season of competition remaining; and
_____ The student-athlete’s previous institution did not renew his or her athletics aid for the following academic year.

**In summary, the student-athlete named above:**

[ ] Qualifies for the one-time transfer exception cited above, corroborating documentation attached.

[ ] Must complete one year in residence at this institution before becoming eligible for competition.

_________________________       ______________  ___________________________________________       ______________
Compliance Office               Date       Faculty Athletics Representative               Date

_________________________       ______________  ___________________________________________       ______________
Admissions Office               Date       Certifying Officer                           Date
FOUR-YEAR COLLEGE TRANSFER
NCAA Residence Requirement Waiver Summary

Name_________________________          Sport___________________________ Date_______________

[ ] 14.5.5.2.1 Educational Exchange Exception - Returning to Original Institution
The student returns to his or her original institution under any one of the following conditions:

_____ After participation in a cooperative educational exchange program, provided the student is to receive a
    baccalaureate degree from the institution from which the student transferred to participate in the exchange
    program; or

_____ After one semester or quarter of attendance at another institution for purposes of taking academic courses not
    available at the original institution, regardless of whether they are required in the degree program the student-
    athlete is pursuing at the first institution. In such an instance, the student may also take additional courses that
    were available at the first institution; or

_____ After one academic year of attendance at another collegiate institution, in accordance with the program
    recommended by the appropriate academic officer at the original institution, provided the student was in good
    academic standing at the time the student left the original institution.

[ ] 14.5.5.2.2 Exchange Students Exception
The student is enrolled in the certifying institution for a specified period of time as a bona fide exchange student
participating in a formal educational exchange program that is an established requirement of the student athlete's
curriculum.

[ ] 14.5.5.2.3 Discontinued Academic Program Exception
The Eligibility Committee concludes that the student changed institutions in order to continue a major course of study
because the original institution discontinued the academic program in the student’s major.

[ ] 14.5.5.2.4 Foreign Student Program Exception
The individual is a foreign student who is required to transfer (one or more times) because of a study program
predetermined by the government of the student's nation or the sponsoring educational organization.

[ ] 14.5.5.2.5 Military Service, Church Mission Exception
The student returns from at least 12 months of active service in the armed forces of the United States, or from at least
12 months of active service on an official church mission.

The amount of time that an individual is enrolled as a regular student in a collegiate institution while concurrently on
active military duty or engaged in active service on an official church mission may not be counted as a part of the 12-
month active-duty period that qualifies a student for an exception to the transfer-residence requirement.

[ ] 14.5.5.2.6 Discontinued/Non Sponsored Sports Exception
In a particular sport when the student transfers at any time to the certifying institution and participates in the sport on
the intercollegiate level after any of the following conditions has occurred:

In applying this provision for an exception to the residence requirement, the original collegiate institution shall be the
one in which the student was enrolled immediately prior to transfer to the certifying institution, it being understood
that, if the student is transferring from an institution that never sponsored the sport on the intercollegiate level, the
student never shall have attended any other collegiate institution that offered intercollegiate competition in that sport.

_____ The student's original four-year collegiate institution dropped (or has publicly announced it will drop) the
    sport (in which the student has practiced or competed at that institution in intercollegiate competition) from its
    intercollegiate program; or

_____ The student's original four-year collegiate institution reclassified (or has publicly announced it will reclassify)
    the sport (in which the student has practiced or competed at that institution in intercollegiate competition)
from Division I to Division III status, and the student subsequently had not competed in that sport on the Division III level; or 

______ The student's original four-year collegiate institution never sponsored the sport on the intercollegiate level while the student was in attendance at the institution, provided the student had never transferred from any other collegiate institution that offered intercollegiate competition in that particular sport.

[ ] 14.5.5.2.7 Two-Year Nonparticipation or Minimal Participation Exception
The student transfers to the certifying institution from another four-year college and, for a consecutive two-year period immediately prior to the date on which the student begins participation (practice and/or competition), the student has not competed in intercollegiate competition and has not engaged in other countable athletically related activities in intercollegiate athletics in the involved sport beyond a 14 consecutive-day period, or has neither practiced nor competed in organized non-collegiate amateur competition while enrolled as a full-time student in a collegiate institution. The 14 consecutive-day period begins with the date on which the student-athlete first engages in any countable athletically related activity (see Bylaw 17.02.1). The two-year period does not include any period of time prior to the student's initial-collegiate enrollment.

[ ] 14.5.5.2.8 Returns to Original Institution Without Participation or with Minimal Participation Exception
The student transfers to a second four-year collegiate institution, does not compete at the second institution and does not engage in other countable athletically related activities in the involved sport at the second institution beyond a 14 consecutive-day period and returns to the original institution. The 14 consecutive-day period begins with the date on which the student-athlete first engages in any countable athletically related activity (see Bylaw 17.02.1). A student may use this exception even if he or she has an unfulfilled residence requirement at the institution from which he or she is transferring.

[ ] 14.5.5.2.9 Nonrecruited Student Exception
The student transfers to the certifying institution, and the following conditions are met:

______ The student-athlete was not recruited by the certifying institution (per Bylaw 13.02.13.1), and

______ No athletically related financial assistance has been received by the student-athlete, and

______ The student-athlete has not competed for any previous institution and has not engaged in other countable athletically related activities in intercollegiate athletics beyond a 14 consecutive-day period at any previous institution. The 14 consecutive-day period begins with the date on which the student-athlete first engages in any countable athletically related activity (see Bylaw 17.02.1).

[ ] 14.5.5.2.10.1 Nonrecruited Student
A student-athlete who does not qualify for the exception due to Bylaw 14.5.5.2.10-(a) may use the one-time transfer exception, provided he or she was not recruited by the original four-year institution and has never received institutional athletically related financial aid from any four-year institution.

In summary, the student-athlete named above:

[ ] Qualifies for the waiver of the one year residency requirement cited above, corroborating documentation attached. (Note: All conditions listed under selected waiver must be met unless otherwise indicated.)

[ ] Must complete one year in residence at this institution before becoming eligible for competition.

Compliance Office __________ Date __________ Faculty Athletics Representative __________ Date __________

Admissions Office __________ Date __________ Certifying Officer __________ Date __________
CONFIDENTIAL

[Date]

<Student-Athlete’s Name>
<Address>
<CSZ>

Dear [Student-Athlete]:

As a result of the appellate hearing held on [hearing date], and pursuant to NCAA Bylaw 13.1.1.3.1, the hearing panel hereby upholds the Boston College Department of Athletics’ denial of your request for permission to contact the following institution(s) regarding transfer.

<List Institutions(s)>

Please let this letter serve as your written notification of the request denial. The panel’s ruling is final and binding. If you have any questions, please contact me at 617-552-6104.

Sincerely,

Robert Taggart
Faculty Athletics Representative

cc: Brad Bates
   <Head Coach>
   <Sport Supervisor>
   Jaime Seguin
   Carly Pariseau
CONFIDENTIAL

[Date]

<Student-Athlete’s Name>
<Address>
<CSZ>

Dear [Student-Athlete]:

As a result of the appellate hearing held on [hearing date], and pursuant to NCAA Bylaw 13.1.1.3.1, the hearing panel hereby overrules the Boston College Department of Athletics’ denial of your request. You are hereby granted permission to contact the following institution(s) regarding transfer as regulated by the NCAA:

<List Institutions(s)>

Please let this letter serve as your written notification of the granted request. If you have any questions, please contact me at 617-552-6104.

Sincerely,

Robert Taggart
Faculty Athletics Representative

cc: Brad Bates
    <Head Coach>
    <Sport Supervisor>
    Jaime Seguin
    Carly Pariseau
CONFIDENTIAL

[Date]

<Student-Athlete’s Name>
<Address>
<CSZ>

Dear [Student-Athlete]:

As a result of the appellate hearing held on [hearing date], and pursuant to NCAA Bylaw 14.5.5.2.10, the hearing panel hereby upholds the Boston College Department of Athletics’ denial of your request for the one-time transfer exception to the following institution(s).

<List Institutions(s)>

Please let this letter serve as your written notification of the request denial. The panel’s ruling is final and binding. If you have any questions, please contact me at 617-552-6104.

Sincerely,

Robert Taggart
Faculty Athletics Representative

cc: Brad Bates
   <Head Coach>
   <Sport Supervisor>
   Jaime Seguin
   Carly Pariseau
CONFIDENTIAL

[Date]

<Student-Athlete’s Name>
<Address>
<CSZ>

Dear [Student-Athlete]:

As a result of the appellate hearing held on [hearing date], and pursuant to NCAA Bylaw 14.5.5.2.10, the hearing panel hereby overrules the Boston College Department of Athletics’ denial of your request. You are hereby granted the one-time transfer exception to the following institution(s) as regulated by the NCAA:

<List Institutions(s)>

Please let this letter serve as your written notification of the granted request. If you have any questions, please contact me at 617-552-6104.

Sincerely,

Robert Taggart
Faculty Athletics Representative

cc: Brad Bates
    <Head Coach>
    <Sport Supervisor>
    Jaime Seguin
    Carly Pariseau
IV. **PLAYING AND PRACTICE SEASONS**

P-1 Boston College Staff Designation Form
P-2 Boston College Football Staff Designation Form
P-3 Boston College Volunteer Coach Agreement
P-4 Boston College Non Coaching Staff Member Agreement
P-5 Boston College Student Manager Form
P-6 Boston College Countable Non-Recruiting Coach Agreement
P-7 Playing and Practice Season Declaration Form
BOSTON COLLEGE STAFF DESIGNATION FORM

Sport: _________________      Academic Year: ___________

This form is to be completed by the Head Coach and provides the Compliance Office with a complete roster of the coaches that will serve as part of the staff during this academic year.

NCAA Bylaw 11.01.2 Coach, Head or Assistant – A head or assistant coach is any coach who is designated by the institution’s athletics department to perform coaching duties and who serves in that capacity on a volunteer or paid basis.

NCAA Bylaw 11.5.1 Annual Certification Requirement – Only those coaches who have been certified may contact or evaluate any prospective student-athletes off campus. Certification must occur on an annual basis.

NCAA Bylaw 11.7.6 Limitations on Number – There shall be a limit on the number of coaches who may be employed by an institution and who may contact or evaluate prospects off-campus at any one time in each sport.

<table>
<thead>
<tr>
<th>Name</th>
<th>Head Coach</th>
<th>Asst. Coach</th>
<th>Eligibility to Recruit Off-Campus</th>
<th>Date of Certification</th>
<th>Coaching for Local Sports Club</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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**VOLUNTEER COACHES:** Please note that volunteer coaches are not permitted to recruit off campus and must be certified through the NCAA Recruiting Exam if they would like to travel with the team. For limitations on the number of permissible volunteer coaches, refer to bylaw 11.7.4.2.3. All Volunteer coaches MUST complete the Volunteer Coach Agreement Form.

I certify that my volunteer coach is currently NOT employed in the same sport at a high school or two-year college. I understand that it is a violation of NCAA rules for my volunteer coach to coach the same sport at a high school or two-year college. __________ (Please initial)

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Title/Position</th>
<th>Duties</th>
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**NON COACHING STAFF MEMBERS:** Please list any other individuals, with his/her given position (e.g. Dir. of Ops, GA’s, Undergrad Asst, Recruiting Coord., Student Managers, etc), which will be working with your program in the academic year listed. Please note that none of these individuals are permitted to recruit off-campus. Non-Coaching staff MUST complete the Non-Coaching Staff Member Agreement.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Duties</th>
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</tbody>
</table>

**STUDENT MANAGERS:** Please list any student managers who will be with your program this year. A student manager is an individual who performs traditional managerial duties (e.g., equipment, laundry, hydration) and must be a full-time undergraduate or graduate student.

<table>
<thead>
<tr>
<th>Name</th>
<th>Eagle ID Number</th>
<th>Full Time Student?</th>
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</thead>
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</tbody>
</table>

I hereby certify that the above list of coaches includes all coaching and non-coaching staff members that will be a part of my program for the listed academic year. Additionally, I understand that if any changes in coaching staff occur, I must notify the Compliance Office.

<table>
<thead>
<tr>
<th>Signature of Head Coach</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Athletic Compliance Office</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Sport Administrator</td>
<td>Date</td>
</tr>
</tbody>
</table>

Attachment P-1   BC Compliance Office 07/16
BOSTON COLLEGE FOOTBALL COACHING STAFF DESIGNATION FORM

**Sport:** ______________  **Academic Year:** ______________

This form is to be completed by the Head Coach and provides the Compliance Office with a complete roster of the coaches that will serve as part of the staff during this academic year. This form is due to the Compliance Office at the start of each semester.

NCAA Bylaw 11.01.2 Coach, Head or Assistant – A head or assistant coach is any coach who is designated by the institution’s athletics department to perform coaching duties and who serves in that capacity on a volunteer or paid basis.

NCAA Bylaw 11.5.1 Annual Certification Requirement – Only those coaches who have been certified may contact or evaluate any prospective student-athletes off campus. Certification must occur on an annual basis.

NCAA Bylaw 11.7.6 Limitations on Number – There shall be a limit on the number of coaches who may be employed by an institution and who may contact or evaluate prospects off-campus at any one time in each sport.

<table>
<thead>
<tr>
<th>Name</th>
<th>Head Coach</th>
<th>Asst. Coach</th>
<th>GA Coach</th>
<th>Eligibility to Recruit Off-Campus?</th>
<th>Date of Certification</th>
<th>Coaching for Local Sports Club Team?</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**NON COACHING STAFF MEMBERS:** Please list any other individuals, with his/her given position (e.g. Dir. of Ops, GA’s, Undergrad Asst, Recruiting Coord., Student Managers, etc), which will be working with your program in the academic year listed. Please note that none of these individuals are permitted to recruit off-campus.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Duties</th>
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</table>

I hereby certify that the above list of coaches includes all coaching and non-coaching staff members that will be a part of my program for the listed academic year. Additionally, I understand that if any changes in coaching staff occur, I must notify the Compliance Office.

**Signature of Head Coach**  
**Date**

**Signature of Athletic Compliance Office**  
**Date**

**Signature of Sport Administrator**  
**Date**

Attachment P-2  
BC Compliance Office 07/16
**BOSTON COLLEGE VOLUNTEER COACH AGREEMENT**

Sport: ___________________________   Academic Year: _______________

**VOLUNTEER COACH:** Complete the form in its entirety. Prior to beginning your responsibilities, this form must be signed and approved by your program’s head coach and the Compliance Office.

_NCAA Bylaw11.01.6 Coach, Volunteer_ - In sports other than football and basketball, a volunteer coach is any coach who does not receive compensation or remuneration from the institution's athletics department or any organization funded in whole or in part by the athletics department or that is involved primarily in the promotion of the institution's athletics program (e.g., booster club, athletics foundation association). The following provisions shall apply:

(a) The individual is prohibited from contacting and evaluating prospective student-athletes off campus or from scouting opponents off campus and may not perform recruiting coordination functions.

(b) The individual may receive a maximum of two complimentary tickets to home athletics contests in the coach's sport.

(c) The individual may receive complimentary meals incidental to organized team activities (e.g., pre- or postgame meals, occasional meals, but not training table meals) or meals provided during a prospective student-athlete's official visit, provided the individual dines with the prospective student-athlete.

<table>
<thead>
<tr>
<th>Name of Volunteer Coach</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>City, State, Zip, Country</td>
<td>Academic Term(s) as Coach</td>
</tr>
</tbody>
</table>

**VOLUNTEER COACH ACCEPTANCE**

My signature below indicates that I agree and understand the following parameters in agreeing to serve as a volunteer coach:

- I agree that the head coach or appropriate administrator shall determine the duties and responsibilities of this position.

- I agree to abide by all the rules and regulations of the NCAA, Atlantic Coast Conference, Boston College, the Boston College Athletics Department, as well as individual team rules and regulations.

- I certify that I am not currently receiving any compensation from Boston College, any organization funded in whole or in part by the Boston College Athletics Department, or a Boston College booster group. I also certify that I am not employed in the same sport at a high school, preparatory school or two-year college.

- I agree to comply with all NCAA and Atlantic Coast Conference rules and interpretations, as well as all Boston College athletic department compliance policies and procedures. In the event that I become aware of, or have reasonable cause to believe, that a violation has occurred involving NCAA, Atlantic Coast Conference and/or University rules, policies or procedures, I agree to report it promptly to the Compliance Office.

- My signature below affirms that I have read the above information and understand my obligations as a volunteer coach. I understand, per NCAA rules, I am **prohibited** from:
  - Contacting or evaluating prospective student-athletes off-campus.
  - Scouting opponents off-campus.
  - Receiving more than two (2) complimentary admissions to home athletics contests (in my sport only).
  - Receiving any compensation from the athletics department.
  - Coaching the same sport at the high school or two-year college level.

<table>
<thead>
<tr>
<th>Signature of Volunteer Coach</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Signature of Head Coach</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Compliance Office</td>
<td>Date</td>
</tr>
</tbody>
</table>
BOSTON COLLEGE NON-COACHING STAFF MEMBER AGREEMENT

Sport: _______________________________ Academic Year: ___________

NCAA Bylaw 11.7.3 Noncoaching Staff Member with Sport-Specific Responsibilities – A noncoaching staff member with sport-specific responsibilities (e.g., director of operations, administrative assistant) is prohibited from participating in on-court or on-field activities (e.g., assist with drills, throw batting practice, signal plays) and is prohibited from participating with or observing student-athletes in the staff-member’s sport who are engaged in nonorganized voluntary athletically related activities (e.g., pick-up games).

Name of Non-Coaching Staff Member | Title (Position)
------------------------------------|------------------

E-mail Address | Cell Phone

NON-COACHING STAFF MEMBER ACCEPTANCE

I understand that it is NOT permissible for me to participate in the activities listed below or any activity that is considered coaching in nature and is not an exception per Bylaws 11.7.2.3 and 13.1.2.3.

<table>
<thead>
<tr>
<th>Recruiting</th>
<th>Initial</th>
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<tbody>
<tr>
<td>• Analyze/evaluate videotape of prospects.</td>
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<tr>
<td>• Participate in any activity involving athletics evaluations and/or selection of prospects.</td>
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<tr>
<td>• Perform off-campus recruiting functions.</td>
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</tr>
<tr>
<td>• Make phone calls to or receive phone calls from prospects (or prospects’ parents, legal guardians or coaches) except as permitted per Bylaw 11.7.1.2.2.</td>
<td></td>
</tr>
<tr>
<td>• Attend athletic event, in the staff member’s sport, involving prospective student-athletes except as permitted per Bylaw 13.1.2.3-(b).</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Playing and Practice</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Assist with in-person scouting of opponents.</td>
<td></td>
</tr>
<tr>
<td>• Participate in or observe nonorganized voluntary activities (e.g., pick-up games). Provide student-athletes an analysis of their practice session or competition.</td>
<td></td>
</tr>
<tr>
<td>• Participate in competition-related warm-up activities (e.g., assist with warm-up drills before or during competition, throw batting practice, warm-up the bullpen catcher/quarterback, hit fungo, take in-field).</td>
<td></td>
</tr>
<tr>
<td>• Provide instruction to student-athletes at any time.</td>
<td></td>
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<tr>
<td>• Engage in coaching activities in coaches/student-athletes meetings (e.g., provide evaluation of practice or competition, set-up offense/defense strategy).</td>
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<tr>
<td>• Signal in plays from the sideline during practices or games.</td>
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</tbody>
</table>

The above information is not inclusive. The head coach or the head coach’s designee should contact the Compliance Office to confirm the permissibility of any non-coaching staff activity that is not clearly listed above.

NON-COACHING STAFF MEMBER WITH SPORT-SPECIFIC RESPONSIBILITIES – By signing below, I verify that I have received the educational materials and understand the NCAA regulations regarding the duties of non-coaching staff with sport-specific responsibilities. I agree with the terms and conditions for serving as a non-coaching staff member at Boston College.

Non-Coaching Staff Member: ___________________________ DATE: __________

HEAD COACH – By signing below, I verify that the utilization of this non-coaching staff member by any members of the coaching staff will solely be in accordance with NCAA rules.

Head Coach: ___________________________ DATE: __________
Boston College Student Manager Form

Name: _______________________________  Eagle ID Number: _______________

Sport: _______________________________  Year: _______________________

A manager is an individual who performs traditional managerial duties (e.g., equipment, laundry, and hydration) and meets the following additional criteria:

(a) The individual shall be a full-time undergraduate with a minimum of 12 credits in the day school or graduate student with a minimum of 9 credits (see Bylaws 14.2.2 and 14.2.2.1.4), except that during his or her final semester or quarter of a degree program, he or she may be enrolled in less than a full-time program of studies, provided he or she is carrying (for credit) the courses necessary to complete the degree requirements;

(b) The individual may participate in limited on-court or on-field activities during practice (e.g., assist with drills, throwing batting practice) or competition (e.g., assist with warm-up activities) involving student-athletes on a regular basis;

(c) The individual shall not provide instruction to student-athletes;

(d) The individual shall not participate in countable athletically related activities (e.g., practice player) except as permitted in Bylaw 11.01.7-(b); and

(e) **In baseball, the individual shall forfeit any remaining eligibility in the sport at the institution at which the individual serves as a manager.**

By signing this document, I understand the rules and regulations that come with along with the responsibilities as stated above.

________________________________________  _______________
Signature                                      Date

________________________________________  _______________
Compliance Approval Signature                   Date

Hours of Approval: ______________

Attachment P-5  BC Compliance 07/16
BOSTON COLLEGE COUNTABLE NON-RECRUITING COACH AGREEMENT

Sport: ____________________  Semester: _________________

<table>
<thead>
<tr>
<th>Name of Countable, Non-Recruiting Coach</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>City, State, Zip, Country</td>
<td>Academic Term(s) as Coach</td>
</tr>
</tbody>
</table>

A Countable, Non-Recruiting Coach is a coach who fits within the countable coach limitations of Bylaw 11.7.6 for their sport, but who will not be performing any recruiting functions.

Because a countable, non-recruiting coach will not be performing any recruiting functions they will not be required to submit recruiting logs on a monthly basis. These include the Contact/Evaluation logs and Telephone Report logs. Additionally, a countable, non-recruiting coach may be exempt from taking the annual NCAA Recruiting Exam as long as the Sport Administrator has given their approval.

COUNTABLE, NON-RECRUITING COACH ACCEPTANCE
My signature below indicates that I agree and understand the following parameters in agreeing to serve as a countable, non-recruiting coach:

- I agree to abide by all the rules and regulations of the NCAA, Atlantic Coast Conference, Boston College, the Boston College Athletics Department, as well as individual team rules and regulations.

- I agree that I fit the description of a countable, non-recruiting coach and if that status changes at any time I will immediately notify the compliance office.

- My signature below affirms that I have read the above information and understand my obligations as a volunteer coach. I understand, per NCAA rules, I am prohibited from:
  - Calling and texting prospective student-athletes*
  - E-Mailing or Instant Messaging a prospective student-athlete*
  - Evaluating prospective student-athlete off campus
  - Contacting a prospective student-athlete in person, off-campus

  *You are permitted to make telephone calls to a PSA in conjunction with the PSA’s official visit to Boston College and you may also make telephone calls regarding institutional camp or clinic logistics. Additionally, after a PSA has signed an NLI or a Financial Aid Agreement, or after the PSA has put down a financial deposit in response to the institution’s offer of admission, you may have open contact with that PSA through phone calls, text messages, emails or other electronic-based messaging systems.

- In the event that I become aware of, or have reasonable cause to believe, that a violation has occurred involving NCAA, Atlantic Coast Conference and/or University rules, policies or procedures, I agree to report it promptly to the Compliance Office.

<table>
<thead>
<tr>
<th>Signature of Countable, Non-Recruiting Coach</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Head Coach</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of the Sport Administrator</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Compliance Office</td>
<td>Date</td>
</tr>
</tbody>
</table>
PLAYING AND PRACTICE SEASON DECLARATION FORM
A COMPETITION SCHEDULE MUST ALSO BE ATTACHED.

Sport: ___________________________  Head Coach: ___________________________

TEAM SPORTS  A maximum of 132 days (except basketball and football)
A 132-day consecutive-day season, which may be divided into two consecutive segments and which may exclude only the time between these segments, required off days per NCAA Bylaw 17.1.5.4 and official vacation, holiday and final examination periods during which no practice or competition shall occur:

Championship: From: ___________ to ___________ (______ days)
Non-Championship: From: ___________ to ___________ (______ days)
Days-off (Vacation period/break in segment): From: ___________ to ___________ (______ days)

INDIVIDUAL SPORTS  A maximum of 144 days
A 144-day consecutive-day season, which may be divided into two consecutive segments and which may exclude only the time between these segments, required off days per NCAA Bylaw 17.1.5.4 and official vacation, holiday and final examination periods during which no practice or competition shall occur:

Championship: From: ___________ to ___________ (______ days)
Non-Championship: From: ___________ to ___________ (______ days)
Days-off (Vacation period/break in segment): From: ___________ to ___________ (______ days)

TRACK& FIELD/WOMEN’S ROWING  A maximum of 156 days
A 156-day consecutive-day season, which may be divided into two consecutive segments and which may exclude only the time between these segments, required off days per NCAA Bylaw 17.1.5.4 and official vacation, holiday and final examination periods during which no practice or competition shall occur:

Championship: From: ___________ to ___________ (______ days)
Non-Championship: From: ___________ to ___________ (______ days)
Days-off (Vacation period/break in segment): From: ___________ to ___________ (______ days)

OUTSIDE COMPETITION

Total Number of countable contests (per Bylaw 17.02.3)
(MBA, MBB, WBB, WFH, MFB, MIH, WII, MSO, WSO, and WSB) NCAA minimum: __________
NCAA maximum: __________

Total Dates of countable competition (per Bylaw 17.02.5)
(CC, FE, GO, WLX, WRO, SK, SW, MTE, WTE, TR, and WVB) NCAA minimum: __________
NCAA maximum: __________

Date of first championship segment competition:

Date of first non-championship segment competition:

Date(s) of season ending conference championship: (if applicable)

Name of person responsible for completing CARA Forms:

Designation of week (championship segment) __________ to __________
Designation of week (non-championship segment) __________ to __________

My signature below attests that the information provided above is complete and accurate. In the event that any of the information changes, or I wish to make a change in the declared playing/practice season for this sport program, I must complete and sign an updated Playing Season Declaration Form prior to instituting any such changes.

Head Coach’s Signature: ___________________________  Date: __________

Compliance Approval: ___________________________  Date: __________

Attachment P-7  BC Compliance Office 07/16
V. **FINANCIAL AID**

**ATTACHMENTS**
F-1  Request for Initial Athletics Grant-in-Aid
F-2  Athletics Grant-in-Aid Sample Letter
F-3  Athletics Grant-in-Aid Non-Renewal Sample Letter
F-4  Athletics Grant-in-Aid Release Form (Voluntary Withdrawal from Team)
F-5  2016-2017 Early Financial Aid Application for HS Seniors
F-6  2016-2017 Early Financial Aid Application for HS Juniors
Request for Initial Athletics Grant-in-aid

Accurately complete and submit this form in full to request an Athletics Grant-In-Aid and/or National Letter of Intent packet to be created and sent to a prospect. Be sure to select the term (single year or multiyear) and the amount(s).

Sport: ________________ BC Class Yr: ________

Scholarship Only □ OR Scholarship and National Letter of Intent (NLI) □

Prospect’s Information:

First Name: ___________________________ Last Name: ___________________________

Street Address (no PO Boxes): ______________________________________________________

City: __________________ State: _____ Zip: __________________

Country: __________________ EC ID: __________________

Period of Award:

☐ Single Year Contract:

☐ Full Year: Total Amount to Award: __________________

☐ Fall Semester Only: Total Amount to Award: __________________

☐ Spring Semester Only: Total Amount to Award: __________________

☐ Multi-Year Contract:

☐ Academic Year: ________ Amount: __________________

☐ Academic Year: ________ Amount: __________________

☐ Academic Year: ________ Amount: __________________

☐ Academic Year: ________ Amount: __________________

Funding Source:

☐ Athletics Allocation and/or

☐ (MGO Only) Endowed Allocation: __________________ (Fund Name) __________________ ($ Amount)

Head Coach’s Signature: ___________________ Date: ___________________

FOR OFFICE USE ONLY

Date Received: ___________________________ Date Issued: ___________________________

Compliance Office Approval: ___________________ Date: ___________________________

Admissible: □ Yes □ No □ Pending □ Registered with NCAA EC □ NCAA EC Projection Completed

Business Office Approval: ___________________ Date: ___________________________

Sport Administrator Approval: ___________________ Date: ___________________________

Attachment F-1 BC Compliance Office 07/16
July 25, 2016

Dear «First_Name»,

We are pleased to inform you that on the recommendation of the Department of Athletics, you have been awarded an athletic grant-in-aid for the following academic year(s):

```
«Sport»:
«Year_1»: «Year_1_Amount»
«Year_2»: «Year_2_Amount»
«Year_3»: «Year_3_Amount»
«Year_4»: «Year_4_Amount»
```

This athletic grant-in-aid will be predicated on your admission to Boston College (if you have not been admitted already), your acceptance of the terms and conditions of this agreement, and your participation in the sport of «Sport». The athletic grant-in-aid will be applied toward the cost of tuition, fees, room, board, books, miscellaneous expenses and travel allowance, if applicable, up to the cost of attendance.

NCAA bylaws restrict the total amount of financial aid a student-athlete can receive. By signing this contract, you acknowledge that you understand that you must immediately notify the Office of Student Services and the Compliance Office if you receive scholarships or financial assistance from sources (institutional or outside agencies) other than persons upon whom you are naturally or legally dependent. If the combination of all your grants and scholarships exceed either your individual limit and/or team limit as designated by the NCAA, Boston College may be required to reduce your athletic grant-in-aid and/or reduce your institutional grants and/or you may have to return any outside awards to the awarding agency to accommodate for the overage. If at any point during your athletic tenure at Boston College a financial aid package outside of athletic control becomes available that is equal to, or exceeds the value of athletic aid awarded, you reserve the right to decline your athletic aid to receive the greater awarded financial package in the current academic year. Accepting a financial aid package outside of athletic control does not make your current agreement null and void as long as the award is received in accordance with NCAA, Atlantic Coast Conference and Boston College rules and regulations. This athletic grant-in-aid applies to only the academic year(s) indicated above. This athletic grant-in-aid letter makes all previous agreements void.

Lastly, all athletic grant-in-aid recipients should be aware that in some circumstances, scholarship funds may be considered taxable income to the recipient. It is ultimately your responsibility to determine any tax liability.

Please inform us of your decision to accept this award by signing these documents (over) and returning one copy to the Athletics Compliance Office within fourteen (14) days. Keep the other copy for your records. Thank you.

Sincerely,

Hilary Ferrie
Assistant Director, Financial Aid, Office of Student Services

«Head_Coach»
Head Coach, «Sport»
NCAA rules require that Boston College notify you in writing by July 1 following the final academic year of this agreement whether or not your athletic grant-in-aid will be renewed for future year(s). Boston College is permitted to renew the athletic grant-in-aid if you remain eligible in accordance with NCAA, Atlantic Coast Conference and Boston College rules and regulations.

If you graduated in a previous academic year (e.g., 5th years) and will exhaust your athletic eligibility prior to the start of the spring semester, this athletic grant-in-aid will only be renewed for the spring semester at the discretion of the institution. Further, if you fail or withdraw from a course after completing your eligibility, the Athletic Department reserves the right to charge you for the cost of tuition of the dropped/failed course.

NCAA rules restrict the total amount of an athletic grant-in-aid to the value of tuition, fees, room (based on the standard double room rate), board, books, miscellaneous expenses and travel allowance, if applicable, up to the cost of attendance. All student-athletes on a full athletic grant-in-aid must reside in institutional housing, unless otherwise approved by the Director of Athletics. In the event you are approved to live off-campus you will receive the equivalent of the average room cost of all students living on-campus as determined by the Office of Student Services. Under certain circumstances, the Athletic Department may permit you to live in a single room for a portion of the year without paying the difference. In this case, the Athletic Department may request that you change your housing during the academic year in order to fulfill the double rate requirement. If you fail to move upon request, you may be charged the additional cost for the room.

Your athletic grant-in-aid will not be decreased or cancelled during the period of the award on the basis of your athletic ability, performance or contribution to your team’s success or because of an injury, illness, or physical or mental medical condition that prevents you from participating in athletics or for any other reason based on athletics. If, while participating in a team activity, you incur an injury that permanently prevents you from participating in intercollegiate athletics, it is the policy of Boston College to honor an athletic grant-in-aid annually so long as you continue to pursue an initial undergraduate degree, abide by the terms and conditions of this Agreement, and meet the terms and conditions established by Boston College outlined in an addendum for medical non-counters. Boston College reserves the right to require documentation in the event that you withdraw from athletic participation due to a medical condition.

This grant **MAY be immediately reduced or cancelled during the term of this award if:**

a. You become ineligible for intercollegiate competition;

b. You give false information on your application, National Letter of Intent or financial aid agreement;

c. You engage in misconduct that brings disciplinary action from Boston College;

d. You voluntarily withdraw from the sport for personal reasons;

e. You violate team rules and regulations or department rules and regulations, as written in the Student-Athlete Handbook; or

f. In the event that financial aid outside of athletics exceeds the athletic award amount, you reserve the right to have the athletic award reduced or cancelled.

g. If you graduate at the conclusion of the fall semester and have exhausted your eligibility.

This grant **MUST be reduced or cancelled during the term of this award if:**

a. You sign a professional sports contract for this sport (except as provided in Bylaw 15.3.1.4);

b. You accept money for playing in an athletic contest in an amount that causes you to exceed the amount of actual and necessary expenses associated with the athletic contest; or

c. You receive other aid that causes you to exceed your individual limit.

[NOTE: A student-athlete who signs a professional sports contract, accepts money for playing in an athletic contest or agrees to be represented by an agent jeopardizes eligibility under NCAA amateurism guidelines.]

Boston College’s rules and regulations provide that, as part of active participation in its intercollegiate athletic program, you must comply at all times with all applicable laws as well as all institution and NCAA rules and regulations concerning the use of unlawful substances and/or substances that have the potential for abuse and/or are hazardous to health as determined by the medical advisors of the institution. Boston College policy will include testing designed to detect the presence of such substances. As a condition of this award, you agree to comply with all such laws, rules and regulations to participate fully in any testing program.

**ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS ATHLETIC GRANT-IN-AID**

My signature indicates that I have read, understand and accept the terms and conditions listed above regarding my athletics grant-in-aid.

(Student-Athlete signature)    (Date)    (Parent signature if S/A under 18yrs.)    (Date)
[Date]          [Sport]

[Name]
[Street Address]
[City, State Zip]

Dear [Name]:

In accordance with NCAA Bylaw 15.3.5, Boston College is required to notify you that your athletic grant-in-aid in the sport of [Sport] will not be renewed for the [200x-200x] academic year. This non-renewal of aid is in accordance with NCAA Bylaws, as well as conference and institutional policy.

You have the right to request, and shall be given the opportunity for, a hearing before a committee chaired by the Director Financial Aid Associate if you feel this award was not renewed for questionable reasons. All initial inquiries concerning the non-renewal of aid should be directed to your head coach first. If you are still interested in arranging a hearing, you should contact the Senior Financial Aid Associate in the Office of Student Services, who will help expedite the arrangements for the hearing.

If you do not respond to this letter, either in writing, by phone, or in person within ten (10) days from the date of issuance, it will be assumed that the information stated above is correct and you understand you will not receive your athletic scholarship. If you have any questions, please do not hesitate to call the Boston College Athletics Department or the Office of Student Services.

Sincerely,

___________________________
Mary McGranahan
Director, Financial Aid
Office of Student Services

cc: Student File
    Head Coach – [Name]
Athletics Grant-in-Aid Release Form
Voluntary Withdrawal from Team

I, ______________________, hereby voluntarily have left the ______________________ team at Boston College. I understand that the athletically related scholarship I am receiving will be cancelled effective ________________. I understand that the cancellation of my athletically related scholarship is consistent with NCAA Bylaw 15.3.4 as well as the terms and conditions stated on the Boston College Athletic Grant-in-Aid letter previously awarded to and signed by me.

Permanent Address: _______________________________________________________

Street

City      State/ Country      Zip Code

Reason for withdrawal: ____________________________________________________

______________________________________________________________

Student-Athlete Name (printed)                          Eagle ID

Student-Athlete Signature               Date

Compliance Signature                   Date

Head Coach Signature                   Date

Sport Supervisor Signature             Date

cc:  Student-athlete
     Financial Aid Office
     Student-athlete file

Attachment F-4                                BC Compliance Office 07/16
EARLY FINANCIAL AID APPLICATION

THIS FORM IS FOR:  high school seniors
college transfers (starting fall 2017 or spring 2018)

COMPLETING THIS APPLICATION DURING:  June 2016 – March 2017

Student’s Name:  __________________________________________  Sport:  ________________________________

BC starting term (check one):  ___ Fall 2017  ___ Spring 2018

Student will be entering BC as a (check one):  ___ first-semester freshman  ___ transfer

Complete this checklist and submit it and all forms to your potential coach at Boston College. Please do not skip
items or leave blanks as that can delay your read.

√  Check if included:

☐ CSS Profile form  Before Oct. 2016:  Complete the 2017-2018CSS Profile Early Application (paper form)

After Oct. 1, 2016:  Complete the Profile online at https://profileonline.collegeboard.com

IMPORTANT:  You will be asked to provide your 2015 income.

☐ Tax return  2015 student and parent federal tax returns, including all schedules.  A student return is not
needed if s/he was not required to file.

☐ W-2 forms  2015 parent W-2 forms.

Business Information

Does the student or parent(s) own 1% or more of a business or farm? Check one:  ☐ yes  ☐ no

If yes, include:  ☐ 2017-2018 Business/Farm Supplement

☐ 2015 business or farm federal tax return, with all schedules and student/parent K-1
form(s) attached

Noncustodial parent information

If the student’s parents never married, are divorced, or separated, the following are required from the noncustodial
parent:

☐ 2017-2018 Noncustodial Parent’s Statement form

☐ Noncustodial parent’s tax forms and W-2 forms (as described above)

Does the noncustodial parent own 1% or more of a business or farm? Check one:  ☐ yes  ☐ no

If answer is yes, submit items listed under “Business Information.”

This application is to provide an early estimate of financial aid.  Actual financial aid awards will be based on 2015 tax
data and updated CSS Profile and FAFSA information, so any financial aid at this time can only be an estimate. I
understand that I am responsible for submitting all applicable information from the list above and that if any
information is not included or forms are incomplete, this may cause the early aid estimate to differ from my actual
financial aid award. For an actual financial aid award, I will need to complete the formal financial aid application
process before enrolling, which will be detailed on the Office of Student Services website.

________________________________________   ________________  ________________________
Student Signature  Date  Custodial Parent Signature  Date

2016-2017 acad yr
Section A—Student's Information

1. Student's name

Last
First
M.I.

2. Student's permanent mailing address (Mail may be sent to this address.)

Number, street, and apartment number

City
State Zip
Postal Code — For students outside the United States and Puerto Rico only
Country

3. Student's preferred telephone number

Area Code

4. Title (optional)

Mr. □ Miss, Ms., or Mrs.

5. Student's date of birth

Month Day Year

6. Student's Social Security Number


7. What will be the student's year in school during 2017-18?
(Choose only one box.)

□ first year (never previously attended college)
□ first year (previously attended college)
□ second year
□ third year
□ fourth year
□ fifth year or more undergraduate
□ first-year graduate/professional (beyond a bachelor’s degree)
□ second-year graduate/professional
□ third-year graduate/professional
□ fourth-year or more graduate/professional

8. What is the student's current marital status?
(Choose only one box.)

□ unmarried (single, divorced, widowed)
□ separated
□ married/remarried

9. Are both of the student's parents deceased, or is the student (or was the student until age 18) a ward of the court?

□ Yes □ No

10. Does the student have legal dependents (other than a spouse) that fit the definition in the instructions?

□ Yes □ No

11. How many people are in the student's household?

Always include the student (and spouse if currently married). List their names and give information about them in Section M. See instructions.

12. Of the number in 11, how many will be college students enrolled at least half-time between July 1, 2017, and June 30, 2018? Include the student.

13. What is the student's state of legal residence?

14. What is the student's citizenship status?

a. □ U.S. citizen (Skip to Question 15.)

□ Eligible noncitizen — see instructions (Skip to Question 15.)

□ Neither of the above (Answer "b" and "c" below.)

b. Country of citizenship:

________________________________________

c. Visa classification:

□ F1 □ F2 □ J1 □ J2

□ G1 □ G2 □ G3 □ G4

15. What is the student's email address?

________________________________________

Section B—Student's 2015 Income and Benefits

Please use your 2015 tax return in Sections B, C, D, and F. If married, include spouse's income. In Sections B, C, D, C and F.

16. The following 2015 U.S. income tax return figures are (Check only one box.)

□ estimated. Will file IRS Form 1040EZ or 1040A. Go to 17.

□ estimated. Will file IRS Form 1040. Go to 17.

□ from a completed IRS Form 1040EZ or 1040A. Go to 17.

□ from a completed IRS Form 1040. Go to 17.

□ a tax return will not be filed. Skip to 21.
<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. 2015 total number of exemptions</td>
<td>$</td>
</tr>
<tr>
<td>18. 2015 adjusted gross income</td>
<td>$</td>
</tr>
<tr>
<td>19. a. 2015 U.S. income tax paid</td>
<td>$</td>
</tr>
<tr>
<td>b. 2015 education credits — Hope and Lifetime Learning</td>
<td>$</td>
</tr>
<tr>
<td>20. 2015 itemized deductions</td>
<td>$</td>
</tr>
<tr>
<td>21. 2015 income earned from work by student</td>
<td>$</td>
</tr>
<tr>
<td>22. 2015 income earned from work by student’s spouse</td>
<td>$</td>
</tr>
<tr>
<td>23. 2015 dividend and interest income</td>
<td>$</td>
</tr>
<tr>
<td>24. At any time during 2015 did you receive benefits from any of the following federal benefits programs: SSL, food stamps, free or reduced lunch, TANF, or WIC?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>25. 2015 untaxed income and benefits</td>
<td>$</td>
</tr>
<tr>
<td>a. Social security benefits</td>
<td>$</td>
</tr>
<tr>
<td>b. Temporary Assistance to Needy Families (TANF)</td>
<td>$</td>
</tr>
<tr>
<td>c. Child support received for all children</td>
<td>$</td>
</tr>
<tr>
<td>d. Earned Income Credit</td>
<td>$</td>
</tr>
<tr>
<td>e. Other</td>
<td>$</td>
</tr>
<tr>
<td>26. 2015 earnings from Federal Work-Study or other need-based work programs plus any grant, fellowship, scholarship and assistantship aid to be reported to the IRS in your adjusted gross income. Include AmeriCorps benefits. (See instructions.)</td>
<td>$</td>
</tr>
</tbody>
</table>

**Section C—Student's Assets** Include trust accounts only in Section D.

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Cash, savings and checking accounts (as of today)</td>
<td>$</td>
</tr>
<tr>
<td>28. Total value of noneducation IRA, Keogh, 401(k), 403(b), etc. accounts as of Dec. 31, 2015</td>
<td>$</td>
</tr>
<tr>
<td>29. Investments (including Uniform Gifts to Minors—see instructions)</td>
<td>$</td>
</tr>
<tr>
<td>a. Business and farm</td>
<td>$</td>
</tr>
<tr>
<td>b. If you own a business, does it employ more than 100 full-time or full-time equivalent employees?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>c. If you own a farm, is the student living on the farm?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>30. What is the current market value?</td>
<td>$</td>
</tr>
<tr>
<td>31. Home (Renters write in '0')</td>
<td>$</td>
</tr>
<tr>
<td>32. Other real estate</td>
<td>$</td>
</tr>
<tr>
<td>33. If student owns home, give</td>
<td>$</td>
</tr>
<tr>
<td>a. year purchased</td>
<td>$</td>
</tr>
<tr>
<td>b. purchase price</td>
<td>$</td>
</tr>
</tbody>
</table>

**Section D—Student's Trust Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. a. Total value of all trust(s) to which the student is a beneficiary</td>
<td>$</td>
</tr>
<tr>
<td>b. Is any income or part of the principal currently available?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>c. Who established the trust(s)?</td>
<td></td>
</tr>
<tr>
<td>□ Student's parents</td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td></td>
</tr>
</tbody>
</table>

**Section E—Student's 2015 Expenses**

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. 2015 child support the student paid because of divorce or separation or as the result of a legal requirement</td>
<td>$</td>
</tr>
<tr>
<td>36. 2015 medical and dental expenses not covered by insurance (See instructions)</td>
<td>$</td>
</tr>
</tbody>
</table>
Section F—Student’s Expected Summer/School-Year Resources for 2017-2018

37. a. Is the student a veteran of the U.S. Armed Forces or currently serving on active duty in the U.S. Armed Forces for purposes other than training?
   □ Yes □ No
   Amount per month
   Summer 2017
   (3 months)
   $_________ .00
   School Year 2017-18
   (9 months)
   $_________ .00

38. Student’s (and spouse’s, if married) resources (Don’t enter monthly amounts.)
   a. Student’s wages, salaries, tips, etc.
   $_________ .00
   b. Spouse’s wages, salaries, tips, etc. (Leave blank if unmarried)
   $_________ .00
   c. Other taxable income
   $_________ .00
   d. Untaxed income and benefits
   $_________ .00
   e. Grants, scholarships, fellowships, etc., including AmeriCorp benefits from sources other than the colleges or universities to which the student is applying (List sources in Section G.)
   $_________ .00
   f. Tuition benefits from the parents’, the student’s and/or the spouse’s employer
   $_________ .00
   g. Amount the student’s parent(s) think they will be able to pay for the student’s 2017-18 college expenses
   $_________ .00
   h. Amounts expected from relatives, spouse’s parents and all other sources (List sources and amounts in Section G.)
   $_________ .00

Complete the worksheet on page 5 of the instructions that will tell you whether or not parents’ information is required.

Section G—Parent’s Household Information
See page 5 of the instructions.

39. How many people are in your parents’ household?
   Always include the student and parents. List their names and give information about them in Section M. (See instructions.)
   □

40. Of the number in 39, how many will be college students enrolled at least half-time between July 1, 2017 and June 30, 2018? Do not include parents. Include the student.
   □

41. a. What is the current marital status of your parents? (Check only one box.)
   □ married or in a domestic partnership
   □ divorced or no longer in a domestic partnership
   □ remarried
   □ never married
   □ separated
   □ widowed
   b. If your parent has remarried, enter date of remarriage
   / / /
Section H—Parents' Expenses

44. Child support your parents paid because of divorce or separation or as the result of a legal requirement
   $ [ ] [ ] [ ] .00  $ [ ] [ ] [ ] .00

45. Repayment of parents' educational loans (See instructions.)
   $ [ ] [ ] [ ] .00  $ [ ] [ ] [ ] .00

46. Medical and dental expenses not covered by insurance (See instructions.)
   $ [ ] [ ] [ ] .00  $ [ ] [ ] [ ] .00

47. Total elementary, junior high and high school tuition paid for dependent children
   a. Amount paid (Don't include tuition paid for the student.)
      $ [ ] [ ] [ ] .00  $ [ ] [ ] [ ] .00
   b. For how many dependent children? (Don't include the student.)

Section I—Parents' Assets

If parents own all or part of a business or farm, write in its name and the percent of ownership in Section Q.

48. Cash, savings and checking accounts (as of today) $ [ ] [ ] [ ] .00

49. Total value of parents' assets held in the names of the student's brothers and sisters who are under age 19 and not college students $ [ ] [ ] [ ] .00

50. a. Home (Renters write in "0". Skip to 50d.)
    What is the current market value? $ [ ] [ ] [ ] .00
    What is owed on it? $ [ ] [ ] [ ] .00
    b. Year purchased
    c. Home purchase price $ [ ] [ ] [ ] .00
    d. Monthly home mortgage or rental payment (If none, explain in Section Q) $ [ ] [ ] [ ] .00

51. Investments $ [ ] [ ] [ ] .00

52. a. Business $ [ ] [ ] [ ] .00
    b. Does your business employ more than 100 full-time or full-time equivalent employees?
       □ Yes  □ No

53. a. Farm $ [ ] [ ] [ ] .00
    b. Does your family live on the farm?
       □ Yes  □ No

54. a. Other real estate $ [ ] [ ] [ ] .00
    b. Year purchased
    c. Purchase price $ [ ] [ ] [ ] .00

Section J—Parents' 2014 Income and Benefits

55. 2014 adjusted gross income (2014 IRS Form 1040, line 37 or 1040A, line 21 or 1040EZ, line 4) $ [ ] [ ] [ ] .00

56. 2014 U.S. income tax paid (2014 IRS Form 1040, line 56 or 1040A, line 27 or 1040EZ, line 10) $ [ ] [ ] [ ] .00

57. 2014 itemized deductions (2014 IRS Schedule A, line 29) $ [ ] [ ] [ ] .00

58. 2014 untaxed income and benefits (Include the same types of income and benefits that are listed in 67a-1) $ [ ] [ ] [ ] .00

Section K—Parents' 2015 Income and Benefits

59. The following 2015 U.S. income tax return figures are (Check only one box)

   □ estimated. Will file IRS Form 1040EZ or 1040A. Go to 60.
   □ estimated. Will file IRS Form 1040. Go to 60.
   □ from a completed IRS Form 1040EZ or 1040A. Go to 60.
   □ from a completed IRS Form 1040. Go to 60.
   □ a tax return will not be filed. Skip to 64.
60. **2015 total number of exemptions** (2015 IRS Form 1040, line 6d or 1040A, line 6d. For 1040EZ, see instructions)

61. **2015 adjusted gross income** (2015 IRS Form 1040, line 37 or 1040A, line 21 or 1040EZ, line 4)
   **Breakdown of income in 61**
   a. **Wages, salaries, tips** (2015 IRS Form 1040, line 7 or 1040A, line 7 or 1040EZ, line 1)
   b. **Interest income** (2015 IRS Form 1040, line 8a or 1040A, line 8a or 1040EZ, line 2)
   c. **Dividend income** (2015 IRS Form 1040, line 9a or 1040A, line 9a)
   d. **Net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc.**
      (2015 IRS Form 1040, lines 12, 17 and 18) If a loss, enter the amount in (parentheses).
   e. **Other taxable income such as alimony received, capital gains (or losses), pensions, annuities, etc.**
      (2015 IRS Form 1040, lines 10, 11, 13, 14, 15b, 16b, 18, 20a, 20b, and 21 or 1040A, lines 10, 11b, 12b, 13, and 14b or 1040EZ, line 3)
   f. **Adjustments to income** (2015 IRS Form 1040, line 36 or 1040A, line 20 — see instructions)

62. a. **2015 U.S. income tax paid** (2015 IRS Form 1040, line 56 or 1040A, line 37 or 1040EZ, line 10)
   b. **2015 education credits — Hope and Lifetime Learning** (2015 IRS Form 1040, line 50 or 1040A, line 33)

63. **2015 itemized deductions** (2015 IRS Schedule A, line 29)

64. **2015 income earned from work by father/stepfather**

65. **2015 income earned from work by mother/stepmother**

66. At any time during 2015, did your parent(s) receive benefits from any of the following federal benefit programs: SSI, food stamps, free or reduced lunch, TANF, or WIC?
   □ Yes □ No

67. **2015 untaxed income and benefits** (Give total amount for the year. Do not give monthly amounts.)
   a. **Social security benefits received for all family members except the student**
      (untaxed portion only) $ □□□□□□□□ .00
   b. **Temporary Assistance for Needy Families** (TANF) $ □□□□□□□□ .00
   c. **Child support received for all children** $ □□□□□□□□ .00
   d. **Deductible IRA and/or SEP, SIMPLE, or Keogh payments** (See instructions.) $ □□□□□□□□ .00
   e. **Payments to tax-deferred pension and savings plans** (See instructions.) $ □□□□□□□□ .00
   f. **Tuition and fees deduction** (See instructions.) $ □□□□□□□□ .00
   g. **Amounts withheld from wages for dependent care and medical spending accounts** $ □□□□□□□□ .00
   h. **Earned Income Credit** (2015 IRS Form 1040, line 66a or 1040A, line 42a or 1040EZ, line 8a) $ □□□□□□□□ .00
   i. **Housing, food and other living allowances received by military, clergy and others** (See instructions.) $ □□□□□□□□ .00
   j. **Tax-exempt interest income** (2015 IRS Form 1040, line 8b or 1040A, line 8b) $ □□□□□□□□ .00
   k. **Foreign income exclusion** (2015 IRS Form 2555, line 45 or Form 2555EZ, line 18) $ □□□□□□□□ .00
   l. **Other** — write total from instructions worksheet, page 7 $ □□□□□□□□ .00

---

**Section L — Parents’ 2016 Expected Income and Benefits**

If the expected total income and benefits will differ from the 2015 total income and benefits by 10 percent or more, explain in Section Q.

68. **2016 income to be earned from work by father/stepfather** $ □□□□□□□□ .00

69. **2016 income to be earned from work by mother/stepmother** $ □□□□□□□□ .00

70. **2016 other taxable income** $ □□□□□□□□ .00

71. **2016 untaxed income and benefits** (See 67a-i.) $ □□□□□□□□ .00
Section M—Family Member Listing
Give information for all family members entered in questions 11 and 39. List up to seven family members in addition to the student. Failure to complete all columns could reduce your aid eligibility. Leave shaded sections blank.

72.

<table>
<thead>
<tr>
<th>Full name of family member (If more lines are needed, use Section Q.)</th>
<th>Age Required Use codes from below</th>
<th>2017 school year Name of school or college</th>
<th>Year in school</th>
<th>Scholarships and grants</th>
<th>Parents' contributions</th>
<th>Attend college at least one term</th>
<th>College or university</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;br&gt;You — the student applicant</td>
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<td>6</td>
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<td>7</td>
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<tr>
<td>8</td>
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</tr>
</tbody>
</table>

Write in the correct code from the right
1 = Student's parent, 2 = Student's step-parent, 3 = Student's brother or sister, or half-brother or sister
4 = Student's husband or wife, 5 = Student's child/stepchild
6 = Student's grandparent, 7 = Student's stepbrother or stepsister, 8 = Other

Section N—Parents' Information
(to be answered by the parent(s) completing this form)

73. Fill in one:
- [ ] Father
- [ ] Stepfather
- [ ] Legal guardian
- [ ] Other (Explain in Q)

a. Name
   Last
   First

Date of Birth
   / / 

c. Occupation

d. Employer

No. of Years

f. Retirement plans
- [ ] Social security
- [ ] Civil service/state
- [ ] Military
- [ ] Union/employer
- [ ] IRA/Keogh/tax-deferred
- [ ] Other

74. Fill in one:
- [ ] Mother
- [ ] Stepmother
- [ ] Legal guardian
- [ ] Other (Explain in Q)

a. Name
   Last
   First

Date of Birth
   / / 

c. Occupation

d. Employer

No. of Years

e. Preferred daytime telephone

f. Retirement plans
- [ ] Social security
- [ ] Civil service/state
- [ ] Military
- [ ] Union/employer
- [ ] IRA/Keogh/tax-deferred
- [ ] Other

75. Total current value of tax-deferred retirement, pension, annuity and savings plans (IRA, Keogh, 401(k), 403(b), etc.)

$ .00
Section O—Information About Noncustodial Parent
(to be answered by the parent who completes this form if the student’s biological or adoptive parents are divorced, separated or were never married to each other)

75. a. Who last claimed the student as a tax exemption?

____________________________
Year

b. How much does the noncustodial parent plan to contribute to the student’s education for the 2017-18 school year?

$ _______________ .00

Section P—Student’s Financial Aid Status

76. What will be the student’s 2017-2018 financial aid status?

☐ First-time applicant, entering student (including transfer students)

☐ Renewal applicant, continuing student

☐ First-time applicant, continuing student

Section Q—Explanations/Special Circumstances

Use this space to explain any unusual expenses such as high medical or dental expenses, educational and other debts, child care, elder care, or special circumstances. Also, give information for any outside scholarships you have been awarded. **If more space is needed, use sheets of paper and attach them to this form.** Please print.

Certification: All the information on this form is true and complete to the best of my knowledge. If asked, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S., state or local income tax returns. I certify that all information is correct at this time, and that I will send timely notice to my colleges/programs of any significant change in family income or assets, financial situation, college plans of other children, or the receipt of other scholarships or grants.

Student’s signature ___________________________ Student’s spouse’s signature ___________________________

Father’s (stepfather’s) signature ___________________________ Mother’s (stepmother’s) signature ___________________________

Date completed: 

Day Month Year
Instructions for Completing the Business/Farm Supplement

- Complete a supplement for each business or farm.
- When completing this supplement, refer to both your 2014 and 2015 IRS tax returns — specifically, Form 1040, Schedules C, D, and F, as applicable. If an incorporated business is involved, refer to Form 1120 as well. If a partnership is involved, also refer to Form 1065 and/or Schedule K-1. For any year for which tax forms have not been completed, estimate as accurately as possible. The financial aid administrator may later ask you to provide copies of your tax returns, including your corporate and partnership tax return(s).
- If you are the owner or part owner of a partnership or a corporation: (1) Enter your percentage of ownership (question 5); (2) enter total income, expense deductions and profit for the entire business entity (questions 10-14); and (3) enter your share of net profit (question 15).
- **IMPORTANT:** If a business is a major source of family support but no salaries are reported and business net profit is under $10,000, explain on an attached sheet how basic family expenses are met.
- Don’t submit balance sheets, profit and loss statements, cash flow statements, or tax returns in place of the Business/Farm Supplement, unless specifically requested by your college.
- If your home is part of the business or farm, enter its value and the amount of its mortgage on the CSS/Financial Aid PROFILE® Application. Don’t include your home value on the Business/Farm Supplement.
- If farm income is reported on an accrual basis, the required information can be found on IRS Form 1040, Schedule F, Part III. In this case, disregard questions 10a-10c below and begin your entries with Gross Income in question 11.
- If you have gains or losses from the sale or exchange of livestock and/or farm machinery, report the full amount of such gains or losses in question 21 below. Don’t include in this question gains or losses arising from the sale or exchange of other property, as reported on your IRS Form 1040, Schedule D.
- If a financial question does not apply to you, write 0. Do not leave questions blank unless the instructions tell you to do so.

### Student's Information

**Student's name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
</table>

**Social Security Number**

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
</table>

**Date of Birth**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

### Parent's Business/Farm Information

1. **Name of Business/Farm**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

2. **Date Business Commenced or Farm Purchased**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

3. **Location of Business/Farm**

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City/Township</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

4. **Type of Business/Farm**

- [ ] Sole proprietor
- [ ] Partnership
- [ ] Corporation

Indicate type

<table>
<thead>
<tr>
<th>Type</th>
</tr>
</thead>
</table>

5. **Owners/Partners: List parent owners first. Provide relationship to parent(s) and percentage of ownership. If more than two, provide information in Remarks.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Percentage</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Percentage</th>
</tr>
</thead>
</table>

6. **Number of Employees**

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
</table>

7. **Describe Principal Product or Service**

<table>
<thead>
<tr>
<th>Product or Service</th>
</tr>
</thead>
</table>

1
8. Residence and Mortgage Information

Monthly mortgage payment on the business or farm $ ___,___,___,___,___,___

Farming owners

Do you live on the farm? □ Yes □ No

Business owners

Is the business a part of your home? □ Yes □ No

If yes, what percentage of home is claimed for business use? % ___

9. Total Acres Owned (Farm Owners Only)

<table>
<thead>
<tr>
<th></th>
<th>Market value per acre</th>
<th>No. of acres owned</th>
<th>No. rented to others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tillable land</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nontillable land</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodlands and waste</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agricultural reserve</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
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</tbody>
</table>

Business Owners Only — Income and Expenses

10. Business Income

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a. Gross receipts of</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>sales less returns and</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Cost of goods sold</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>and/or operations (Don’t</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>include salaries paid</td>
<td>(Name and Relationship)</td>
<td>(Name and Relationship)</td>
<td></td>
</tr>
<tr>
<td>to yourself, your</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>dependents or others,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or any item listed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>below)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Gross profit (Line 10a minus 10b)</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>d. Other business</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>income</td>
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</tbody>
</table>

11. Total Income (Add 10c and 10d)

$ ___,___,___,___,___,___

12. Business Deductions (Don’t include any amount entered in 10b above.)

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. Depreciation</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>b. Interest expense</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>c. Rent on business</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>property</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>d. Parents’ W-2 wages</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
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<tr>
<td>from this business</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e. Salaries and wages</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
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<tr>
<td>paid to family members</td>
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<tr>
<td>(Name and Relationship)</td>
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<td></td>
<td></td>
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<tr>
<td>f. All other salaries</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
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<tr>
<td>and wages</td>
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<tr>
<td>g. Other business</td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td>$ <em><strong>,</strong></em>,<em><strong>,</strong></em>,<em><strong>,</strong></em></td>
<td></td>
</tr>
<tr>
<td>expenses (Itemize on a</td>
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<tr>
<td>separate sheet any</td>
<td></td>
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<tr>
<td>single item over $1,000)</td>
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<td></td>
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</tr>
</tbody>
</table>

13. Total Deductions (Add 12a–12g)

$ ___,___,___,___,___,___

14. Net Profit (or Loss) (Line 11 minus line 13)

$ ___,___,___,___,___,___

15. Your Share of Line 14 (Multiply line 14 by your percentage of ownership, question 5.)

$ ___,___,___,___,___,___

2
# Farm Owners Only — Income and Expenses

The IRS line references are for 2015. For 2016, use the corresponding lines from 2015 IRS forms.

## 16. Farm Income

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Profit (or loss) on sales of livestock and other items purchased for resale (from Schedule F, line 1e)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>b. Sales of livestock and produce raised (from Schedule F, lines 2a and 2b)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>c. Other farm income (from Schedule F, lines 3b, 4b, 5a, 5c, 6b, 6d, 7a, 7b, 8a, 8b)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
</tbody>
</table>

## 17. Gross Income

(Add 11a–11c) (from Schedule F, line 9)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
</tbody>
</table>

## 18. Farm Expenses

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Farm deductions less depreciation (from Schedule F, lines 10–13 and lines 15–32)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>b. Depreciation (from Schedule F, line 14)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
</tbody>
</table>

## 19. Total Expenses

(Add 13a and 13b) (from Schedule F, line 33)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
</tbody>
</table>

## 20. Net Farm Profit (or Loss)

(Line 12 minus line 14) (from Schedule F, line 34)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
</tbody>
</table>

## 21. Farm-Related Capital Gains (or Losses)

from sale or exchange of livestock and farm machinery (from Form 1040, Schedule D)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
</tbody>
</table>

## 22. Net Profit (or Loss)

(Add lines 15 and 16)

<table>
<thead>
<tr>
<th>Description</th>
<th>2014 (Jan. 1–Dec. 31)</th>
<th>2015 (Jan. 1–Dec. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

## 23. Your Share of Line 17

(Multiply line 17 by your percentage of ownership, question 5.)

<table>
<thead>
<tr>
<th>Description</th>
<th>2014 (Jan. 1–Dec. 31)</th>
<th>2015 (Jan. 1–Dec. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>
# Business/Farm Assets

The figures you report in column C should reflect the fair market value of the business or farm (a reasonable estimate of what each asset is worth and could be sold for). Filers of IRS Form 1120, 1120S, or 1065 should refer to Schedule L to complete columns A and B. **If you don’t file any of these IRS forms, you may leave columns A and B blank.**

## 1. Current Assets

<table>
<thead>
<tr>
<th>Column</th>
<th>Book Value at Beginning of Tax Year 2015</th>
<th>Book Value at End of Tax Year 2015</th>
<th>Fair Market Value at End of Tax Year 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cash and short-term investments</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>b. Receivables (total)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>c. Allowance for bad debts</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>d. Inventories</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>e. Other current assets not included above (Do not include loans to partners or shareholders.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>f. Total current assets (Add 1a, 1b, 1d, and 1e, then subtract 1c)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

## 2. Fixed Assets

<table>
<thead>
<tr>
<th>Accumulated Depreciation</th>
<th>Book Value at Beginning of Tax Year 2015</th>
<th>Accumulated Depreciation</th>
<th>Book Value at End of Tax Year 2015</th>
<th>Fair Market Value at End of Tax Year 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Land</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>b. Buildings (purchase price)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>c. Accumulated depreciation on buildings</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>d. Machinery and equipment (purchase price)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>e. Accumulated depreciation on machinery</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>f. Other fixed assets</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>g. Total fixed assets (Add 2a, 2b, 2d, and 2f)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>h. Total depreciation (Add 2c and 2e)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

## 3. All Other Assets

<table>
<thead>
<tr>
<th></th>
<th>Book Value at Beginning of Tax Year 2015</th>
<th>Book Value at End of Tax Year 2015</th>
<th>Fair Market Value at End of Tax Year 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total loans to partners or shareholders listed in 5 on page 1</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Itemize by partner or shareholder</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Name:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Name:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Name:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>b. Loans to others than partners or shareholders</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>c. All other assets</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>d. Total other assets (Add 3a–3c)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

## 4. Total Assets

<table>
<thead>
<tr>
<th></th>
<th>Book Value at Beginning of Tax Year 2015</th>
<th>Book Value at End of Tax Year 2015</th>
<th>Fair Market Value at End of Tax Year 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Add 1f, 2g, and 3d</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>b. Your share of total assets (Multiply line 4a by your percentage of ownership.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
Business/Farm Liabilities

5. Liabilities
   a. Accounts payable
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00
   b. Other current debts
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00
   c. Total current debts
      (Add 5a and 5b)
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00

6. Long-Term Liabilities
   (Don’t include any amount listed above.)
   a. Mortgages on land and buildings
      (Don’t include home mortgages.)
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00
   b. Debts secured by equipment
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00
   c. Loans from partner(s) or shareholder(s)
      Itemize by shareholder:
      Name ____________________________
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00
      Name ____________________________
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00
      Name ____________________________
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00
      Name ____________________________
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00
      d. Other debts
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00
      e. Total long-term debts (Add 6a-6d)
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00

7. Total Liabilities
   (Add 5c and 6e)
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00

8. Your Share of Total Liabilities
   (Multiply line 7 by your percentage of ownership.)
      Beginning of Tax Year 2015
      $ ________ __________ .00
      End of Tax Year 2015
      $ ________ __________ .00

Remarks
Use this space to explain any special circumstances. If more space is required, attach a letter to this form.

Signatures

Parent’s signature

Date completed: Day Month Year

Parent’s signature

Date completed: Day Month Year

NONCUSTODIAL PARENT’S STATEMENT
School Year 2017–18

This form is to be filled by the noncustodial parent (whether divorced, separated or never married).
This form is to be filled by the noncustodial parent (whether divorced, separated or never married). This form is used by many colleges and universities to evaluate the financial strength of the student’s noncustodial parent. These schools adhere to the principle that both parents, regardless of their current marital status, have the primary responsibility for providing for their child’s education and should be expected to provide reasonable financial support before college resources are used.

Instructions For Completing The Noncustodial Parent’s Statement

Because most of the questions are self-explanatory, the instructions below are only for questions that may need some explanation.

For some of the questions in Section III, it may be helpful to refer to your U.S. income tax return (IRS Form 1040, 1040A, or 1040EZ). The IRS line references are for 2014.
If you have not completed a 2014 tax return, estimate as accurately as possible. Some colleges will require a copy of your tax return.

11. Write in the amount of U.S. income tax paid (or to be paid). Refer to your 2014 IRS Form. Do not copy the amount of “federal income tax withheld” from a W-2 Form.
11a. Include only amounts that you get for yourself, your current spouse, and dependent children under age 18. Do not include amounts received for the student.
11e. Enter any other income that is not included in any other question.
17. Write in the amount of educational loan repayments that you (and your spouse) made in 2014. Include loans obtained by you (and your spouse) for your own education or for the education of the student, the student’s siblings, or the student’s stepbrothers or stepsisters.

18. Write in the amount of medical and dental expenses paid in 2014. Include the cost of insurance premiums for medical and dental care. Don’t include amounts covered by insurance, your company medical reimbursement account (flexible spending account), or self-employed health deductions.

In Section V do not report any asset more than once. If you jointly own assets with your former spouse, include only your (and your current spouse’s) portion of the assets and debts.

21–25. In questions 21, 22 and 25, “present market value” means the amount that the asset could currently be sold for. Do not use valuation such as assessed value, insured value or tax value. Include in 24 funds held in Section 529 college savings plans or prepaid tuition plans established for the student and the student’s siblings and stepchildren who are counted in question 5.

Section I—Student’s Information

1. a. Student’s name
   
   Last
   
   First
   
   M.I.
   
   c. Student’s primary residence is:
   
   □ with mother  □ with father
   
   □ equally shared with mother and father

Section II—Noncustodial Parent’s (and Current Spouse’s) Information

2. a. Student’s noncustodial parent
   
   b. Age
   
   c. Address
   
   Street Address
   
   City
   
   State
   
   Zip Code
   
   d. Occupation
   
   e. Employer
   
   No. Years
   
   f. Are you covered by this employer’s pension plan?
   
   □ Yes  □ No
   
   g. If unemployed, date unemployment began
   
   Month  Day  Year
   
   h. Preferred daytime telephone
3. Noncustodial parent's current spouse (if applicable)
   a. Name
   b. Age
c. Occupation
   d. Employer
   e. Is your spouse covered by this employer's pension plan?
      □ Yes □ No

4. Noncustodial parent's support of former household
   a. Who claimed student as a dependent on
      2015 U.S. income tax return?
      □ Mother □ Father □ Neither Parent

7. Give information for all individuals included in your family in question 5. Include yourself and your current spouse (if any).

<table>
<thead>
<tr>
<th>Full name of family member</th>
<th>Use codes from below.</th>
<th>Age</th>
<th>Claimed by parents as tax exemption in 2015?</th>
<th>2016-17 School Year</th>
<th>2017-18 School Year</th>
<th>College name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Year in school</td>
<td>Scholarships and grants</td>
<td>Parents' contributions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Write in the correct code from the right: 1. Student's parent, 2. Parent's current spouse, 3. Student's brother or sister, 4. Student's stepbrother or stepsister, 5. Student's husband or wife, 6. Student's child/stepchild, 7. Student's grandparent, 8. Other.
Section III—Noncustodial Parent's (and Current Spouse's) 2015 Income

8. The following 2015 U.S. income tax return figures are: (Check one.)
   □ estimated. Will file IRS Form 1040EZ or 1040A.
   □ estimated. Will file IRS Form 1040.
   □ from a completed IRS Form 1040EZ or 1040A.
   □ from a completed IRS Form 1040.
   □ a tax return will not be filed. (Skip to 13.)

9. 2015 total number of exemptions (IRS Form 1040, line 6d or 1040A, line 6d. For 1040EZ, see 1040EZ Worksheet.)

10. 2015 Adjusted Gross Income (IRS Form 1040, line 37 or 1040A, line 21 or 1040EZ, line 4)

   Breakdown of income in 10
   a. Wages, salaries, tips (IRS Form 1040, line 7 or 1040A, line 7 or 1040EZ, line 1)
   b. Interest and dividend income (IRS Form 1040, lines 8a and 9a or 1040A, lines 8a and 9a or 1040EZ, line 2)
   c. Net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc.
      (IRS Form 1040, lines 12, 17, and 18). If a loss, enter the amount in parentheses.
   d. Other taxable income such as alimony received, capital gains (or losses), pensions, annuities, etc.
      (IRS Form 1040, lines 10, 11, 13, 14, 16b, 16b, 18, 21b, and 21, or 1040A, lines 10, 11b, 12b, 13, and 14b, or 1040EZ, line 3)
   e. Adjustments to income (IRS Form 1040, line 36 or 1040A, line 20)

11. a. 2015 U.S. income tax paid (IRS Form 1040, line 35 or 1040A, line 39 or 1040EZ, line 10)
   b. 2015 education credits—American Opportunity and Lifetime Learning (IRS Form 1040, line 50 or 1040A, line 33)

12. 2015 itemized deductions (IRS Schedule A, line 28. [Write in "0" if deductions were not itemized.])

13. 2015 income earned from work by student's noncustodial parent

14. 2015 income earned from work by noncustodial parent's current spouse

15. 2015 untaxed income and benefits (Give total amount for the year. Do not give monthly amounts.)

   a. Social Security benefits received (Untaxed portion only—see instructions on page 1.)
   b. Child support received for all children
   c. Deductible IRA and/or SEP SIMPLE or Keogh payments
   d. Payments to tax-deferred pension and savings plans
   e. Other—Earned Income Credit; housing, food and living allowances; tax-exempt interest income;
      foreign income exclusion; etc.

Section IV—Noncustodial Parent’s (and Current Spouse's) 2015 Expenses

16. Child support paid by both the noncustodial parent and spouse because of divorce or separation

17. Repayment of noncustodial parent's and spouse's education loans (See instructions on page 1)

18. Medical and dental expenses not covered by insurance (See instructions on page 1)

19. Total elementary school, junior high school and high school tuition paid for dependent children

   a. Amount paid (Don't include tuition paid for the student.)
      $ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ 00
   b. For how many dependent children? (Don't include the student.)
Section V—Noncustodial Parent's (and Current Spouse's) Assets and Debts

If current spouse holds more than 50 percent of any asset listed below, give details in Section VI. (See instructions on page 1.)

20. a. Housing payment (Check one.) ☐ Rent ☐ Mortgage b. Monthly amount (If zero, explain in Section VI.) $...

21. Home—if owned or being purchased
   Year purchased
   Purchase price $...
   Present market value $...
   Unpaid mortgage principal $...

22. Other real estate
   Year purchased
   Purchase price $...
   Present market value $...
   Unpaid mortgage principal $...

23. Cash, savings, checking accounts, bonds and trust funds (as of today)
   Present market value $...

24. Investments—net value of stocks and other securities (List kinds and amounts in Section VI)
   Present market value $...

25. Business and/or farm
   a. Present market value $...
   b. Indebtedness $...
   c. Percentage of ownership %

26. Current value of tax-deferred pensions, annuities and savings plans (for example, SRAs, 401(k)s, TDAIs, 403(b)s, 408s, 457s, 501(c)s, etc.) $...

Section VI—Remarks

If you have any special circumstances, or additional information was requested above, please list them on a separate piece of paper and return it with this form.

Section VII—Certification and Authorization

I declare that the information reported on this form is true, correct and complete.
I agree that, to verify information reported on this form, I will on request provide an official copy of my U.S. income tax return.
I further agree to provide, if requested, any other official documentation necessary to verify information reported.

Noncustodial parent's signature

Date completed: Day Month Year

Do you authorize the college to discuss the information collected on this form with the student applicant?
☐ Yes ☐ No

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EARLY FINANCIAL AID APPLICATION

THIS FORM IS FOR: high school juniors

COMPLETING THIS APPLICATION DURING: June 2016 – March 2017

Student’s Name: __________________________________________ Sport: __________________________

BC starting term (check one): ___ Fall 2018 ___ Spring 2019

Complete this checklist and submit it and all forms to your potential coach at Boston College. Please do not skip items or leave blanks as that can delay your read.

√ Check if included:

☐ CSS Profile form 2017-2018 CSS Profile Early Application (paper form)

IMPORTANT: You will be asked to estimate your 2016 income. Do not copy 2015 figures without considering potential changes for future years.

☐ Junior family information form

☐ Tax return Most recently filed (2015) student and parent federal tax returns, with all schedules attached. A student return is not needed if s/he was not required to file.

☐ W-2 forms 2015 (and 2016, if available) parent W-2 forms.

Business information

Does the student or parent(s) own 1% or more of a business or farm? Check one: ☐ yes ☐ no

If yes, include: ☐ 2017-2018 Business/Farm Supplement

☐ 2015 (or 2016, if available) business or farm federal tax return, with all schedules and student/parent K-1 form(s) attached

Noncustodial parent information

If the student’s parents never married, are divorced, or separated, the following are required from the noncustodial parent:

☐ 2017-2018 Noncustodial Parent’s Statement form

☐ Noncustodial parent’s tax return and W-2 forms (as described above)

Does the noncustodial parent own 1% or more of a business or farm? Check one: ☐ yes ☐ no

If answer is yes, submit items listed under “Business Information.”

This application is to provide an early estimate of financial aid. Actual financial aid awards will be based on 2016 tax data and updated CSS Profile and FAFSA information, so any financial aid at this time can only be an estimate. I understand that I am responsible for submitting all applicable information from the list above and that if any information is not included or forms are incomplete, this may cause the early aid estimate to differ from my actual financial aid award. For an actual financial aid award, I will need to complete the formal financial aid application process in the fall of my senior year of high school, which will be detailed on the Office of Student Services website at that time.

________________________________________________________________________

Student Signature Date Custodial Parent Signature Date

2016-2017 acad yr
Section A—Student's Information

1. Student's name
   Last: ___________________________ First: ___________________________ M.I.: ___________________________

2. Student's permanent mailing address (Mail may be sent to this address.)
   Number: ___________________________ Street: ___________________________ City: ___________________________
   State: __________________ Zip: __________________ Postal Code: __________________

3. Student's preferred telephone number
   Area Code: __________________ Phone Number: __________________

4. Title (optional)
   □ Mr. □ Miss, Ms., or Mrs.

5. Student's date of birth
   Month: _____ Day: _____ Year: _______

6. Student's Social Security Number
   _______ — _______ — _______

7. What will be the student's year in school during 2017-18? (Check only one box.)
   □ first year (never previously attended college)
   □ first year (previously attended college)
   □ second year
   □ third year
   □ fourth year
   □ fifth year or more undergraduate
   □ first-year graduate/professional (beyond a bachelor's degree)
   □ second-year graduate/professional
   □ third-year graduate/professional
   □ fourth-year or more graduate/professional

8. What is the student's current marital status? (Check only one box.)
   □ unmarried (single, divorced, widowed)
   □ married (remarried)
   □ separated

9. Are both of the student's parents deceased, or is the student (or was the student until age 18) a ward of the court?
   □ Yes □ No

10. Does the student have legal dependents (other than a spouse) that fit the definition in the instructions?
    □ Yes □ No

11. How many people are in the student's household?
    Always include the student (and spouse if currently married). List their names and give information about them in Section M. See instructions.

12. Of the number in 11, how many will be college students enrolled at least half-time between July 1, 2018 and June 30, 2019? Include the student.

13. What is the student's state of legal residence?

14. What is the student's citizenship status?
    a. U.S. citizen (Skip to Question 15.)
    □ Eligible noncitizen — see instructions (Skip to Question 15.)
    □ Neither of the above [Answer "b" and "c" below.]
    b. Country of citizenship:

15. What is the student's email address?

Section B—Student's 2016 Income and Benefits

The tax line references in this section are for 2016. Please use your 2016 tax return to estimate your income and benefits for 2016. If married, include spouse's information in Sections B, C, D, E and F.

16. The following 2016 U.S. income tax return figures are (Check only one box.)
    □ estimated. Will file IRS Form 1040EZ or 1040A. Go to 17.
    □ estimated. Will file IRS Form 1040. Go to 17.
    □ from a completed IRS Form 1040EZ or 1040A. Go to 17.
    □ from a completed IRS Form 1040. Go to 17.
    □ a tax return will not be filed. Skip to 21.
17. 2016 total number of exemptions
   (2016 IRS Form 1040, line 6d or 1040A, line 6d, or 1040EZ, see instructions)
   $ .........................................

18. 2016 adjusted gross income
   (2016 IRS Form 1040, line 57 or 1040A, line 21 or 1040EZ, line 10)
   $ .........................................

19. a. 2016 U.S. income tax paid
   (2016 IRS Form 1040, line 56 or 1040A, line 37 or 1040EZ, line 19)
   $ .........................................

b. 2016 education credits —
   Hope and Lifetime Learning
   (2016 IRS Form 1040, line 50 or 1040A, line 33)
   $ .........................................

20. 2016 itemized deductions
    (2016 IRS Schedule A, line 29)
   $ .........................................

21. 2016 income earned from work by student
   $ .........................................

22. 2016 income earned from work by student's spouse
    (if married)
   $ .........................................

23. 2016 dividend and interest income
    $ .........................................

24. At any time during 2016 did you receive benefits from any of the following federal
    benefits programs: SSI, food stamps, free or reduced lunch, TANF or WIC?
    □ Yes □ No

25. 2016 untaxed income and benefits
    (Give total amount for year)
    a. Social security benefits
    (Untaxed portion only, see instructions)
    $ .........................................

b. Temporary Assistance to Needy Families (TANF)
    $ .........................................

c. Child support received for all children
    $ .........................................

d. Earned Income Credit
    (2016 IRS Form 1040, line 66a or 1040A, line 42a or 1040EZ, line 8a)
    $ .........................................

e. Other
    (Write total from instructions worksheet, page 3)
    $ .........................................

26. 2016 earnings from Federal Work-Study or
    other need-based work programs plus any
    grant, fellowship, scholarship and
    assistantship aid to be reported to the IRS
    in your adjusted gross income. Include
    AmeriCorps benefits. (See instructions)
    $ .........................................

Section C—Student's Assets
   Include trust accounts only in Section D.

27. Cash, savings and checking accounts
    (as of today)
   $ .........................................

28. Total value of noneducation IRA, Keogh,
    401(k), 403(b), etc. accounts as of
    Dec. 31, 2016
   $ .........................................

29. Investments
    (including Uniform Gifts to Minors—
    see instructions)
    What is the current market value?
    $ .........................................
    What is owed on them?
    $ .........................................

30. a. Business and farm
    $ .........................................

b. If you own a business, does it employ
   more than 100 full-time or full-time
   equivalent employees?
   □ Yes □ No

c. If you own a farm, is the student living
   on the farm?
   □ Yes □ No

Section D—Student’s Trust Information

34. a. Total value of all trusts(1) to which the
    student is a beneficiary
    $ .........................................

b. Is any income or part of the principal
   currently available?
   □ Yes □ No

c. Who established the trust(s)?
   □ Student's parents
   □ Other

Section E—Student's 2016 Expenses

35. 2016 child support the student paid
    because of divorce or separation or as the
    result of a legal requirement
    $ .........................................

36. 2016 medical and dental expenses not
    covered by insurance (See instructions)
    $ .........................................

2
Section F—Student's Expected Summer/School-Year Resources for 2018-2019

37. a. Is the student a veteran of the U.S. Armed Forces or currently serving on active duty in the U.S. Armed Forces for purposes other than training?
   □ Yes □ No

   b. Student’s veterans benefits (July 1, 2018–June 30, 2019)
   Number of months
   Amount per month
   $ __________________ _______ 00
   Summer 2018 (3 months)
   School Year 2018-19 (9 months)
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00

38. Student's (and spouse's, if married) resources (Don't enter monthly amounts.)

   a. Student’s wages, salaries, tips, etc.
   $ __________________ _______ 00

   b. Spouse’s wages, salaries, tips, etc. (Leave blank if unmarried)
   $ __________________ _______ 00

   c. Other taxable income
   $ __________________ _______ 00

   d. Untaxed income and benefits
   $ __________________ _______ 00

   e. Grants, scholarships, fellowships, etc., including AmeriCorps benefits from sources other than the colleges or universities to which the student is applying (List sources in Section G.)
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00
   $ __________________ _______ 00

   f. Tuition benefits from the parents’, the student’s and/or the spouse’s employer
   $ __________________ _______ 00

   g. Amount the student’s parent(s) think they will be able to pay for the student’s 2018-19 college expenses
   $ __________________ _______ 00

   h. Amounts expected from relatives, spouse’s parents and all other sources (List sources and amounts in Section G.)
   $ __________________ _______ 00

Complete the worksheet on page 5 of the instructions that will tell you whether or not parents' information is required.

Section G—Parent’s Household Information

See page 5 of the instructions.

39. How many people are in your parents' household? Always include the student and parents. List their names and give information about them in Section M. (See instructions.)

40. Of the number in 39, how many will be college students enrolled at least half-time between July 1, 2018, and June 30, 2019? Do not include parents. Include the student.

41. a. What is the current marital status of your parents? (Check only one box.)
   □ married or in a domestic partnership
   □ divorced or no longer in a domestic partnership
   □ remarried
   □ never married
   □ separated
   □ widowed
   b. If your parent has remarried, enter date of remarriage
      ______ / ______ / ______
Section H—Parents' Expenses

44. Child support your parents paid because of divorce or separation or as the result of a legal requirement

45. Repayment of parents’ educational loans (See instructions.)

46. Medical and dental expenses not covered by insurance (See instructions.)

47. Total elementary, junior high and high school tuition paid for dependent children
   a. Amount paid (Don’t include tuition paid for the student.)

   b. For how many dependent children? (Don’t include the student.)

<table>
<thead>
<tr>
<th>2016</th>
<th>Expected 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
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<td>$</td>
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<td>$</td>
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<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Section I—Parents' Assets

If parents own all or part of a business or farm, write in its name and the percent of ownership in Section Q.

48. Cash, savings and checking accounts (as of today)

49. Total value of parents' assets held in the names of the student's brothers and sisters who are under age 19 and not college students

50. a. Home
   (Renters write in ‘0.’ Skip to 50d.)
   What is the current market value?

51. Investments

52. a. Business
   b. Does your business employ more than 100 full-time or full-time equivalent employees?

53. a. Farm
   b. Does your family live on the farm?

54. a. Other real estate
   b. Year purchased
   c. Purchase price

<table>
<thead>
<tr>
<th>What is the current market value?</th>
<th>What is owed on it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
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</tr>
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<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>50d.</th>
<th>51.</th>
<th>52a.</th>
<th>53a.</th>
<th>54a.</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
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<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>50e.</th>
<th>51a.</th>
<th>52b.</th>
<th>53b.</th>
<th>54b.</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Section J—Parents’ 201 Income and Benefits

55. 201 adjusted gross income

56. 201 U.S. income tax paid

57. 201 itemized deductions

58. 201 untaxed income and benefits (Include the same types of income and benefits that are listed in 67a–I.)

<table>
<thead>
<tr>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Section K—Parents’ 2016 Income and Benefits

The tax line references in this section are for 2016

59. The following 2016 U.S. income tax return figures are (Check only one box)

   □ estimated. Will file IRS Form 1040EZ or 1040A. Go to 60.
   □ estimated. Will file IRS Form 1040. Go to 60.
   □ from a completed IRS Form 1040EZ or 1040A. Go to 60.
   □ from a completed IRS Form 1040. Go to 60.
   □ a tax return will not be filed. Skip to 64.
60. 2016 total number of exemptions (2016 RS Form 1040, line 6d or 1040A, line 6d. For 1040EZ, see instructions)

61. 2016 adjusted gross income (2016 IRS Form 1040, line 37 or 1040A, line 21 or 1040EZ, line 4)
   Breakdown of income in 61
   a. Wages, salaries, tips (2016 IRS Form 1040, line 7 or 1040A, line 7 or 1040EZ, line 1)
   b. Interest income (2016 IRS Form 1040, line 8a or 1040A, line 8a or 1040EZ, line 2)
   c. Dividend income (2016 IRS Form 1040, line 9a or 1040A, line 9a)
   d. Net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc.
      (2016 IRS Form 1040, lines 12, 17 and 18) If a loss, enter the amount in (parentheses).
   e. Other taxable income such as alimony received, capital gains (or losses), pensions, annuities, etc.
      (2016 IRS Form 1040, lines 10, 11, 13, 14, 15b, 16b, 19, 20b, and 21 or 1040A, lines 10, 11b, 12b, 13, and 14b or 1040EZ, line 3)
   f. Adjustments to income (2016 IRS Form 1040, line 36 or 1040A, line 20 — see instructions)

62. a. 2016 U.S. income tax paid (2016 IRS Form 1040, line 56 or 1040A, line 37 or 1040EZ, line 10)
   b. 2016 education credits — Hope and Lifetime Learning (2016 IRS Form 1040, line 50 or 1040A, line 33)

63. 2016 itemized deductions (2016 IRS Schedule A, line 29)

64. 2016 income earned from work by father/stepfather

65. 2016 income earned from work by mother/stepmother

66. At any time during 2016 did your parent(s) receive benefits from any of the following federal benefit programs:
    SSI, food stamps, free or reduced lunch, TANF, or WIC?
    □ Yes □ No

67. 2016 untaxed income and benefits (Give total amount for the year. Do not give monthly amounts.)
   a. Social security benefits received for all family members except the student
      (untaxed portion only)
   b. Temporary Assistance for Needy Families (TANF)
   c. Child support received for all children
   d. Deductible IRA and/or SEP, SIMPLE, or Keogh payments (See instructions.)
   e. Payments to tax-deferred pension and savings plans (See instructions.)
   f. Tuition and fees deduction (See instructions.)
   g. Amounts withheld from wages for dependent care and medical spending accounts
   h. Earned Income Credit (2016 RS Form 1040, line 66a or 1040A, line 42a or 1040EZ, line 8a)
   i. Housing, food and other living allowances received by military, clergy and others (See instructions.)
   j. Tax-exempt interest income (2016 IRS Form 1040, line 8b or 1040A, line 8b)
   k. Foreign income exclusion (2016 IRS Form 2555, line 45 or Form 2555EZ, line 18)
   l. Other — write total from instructions worksheet, page 7

Section L — Parents' 2017 Expected Income and Benefits
If the expected total income and benefits will differ from the 2017 total income and benefits by 10 percent or more, explain in Section Q.

68. 2017 income to be earned from work by father/stepfather

69. 2017 income to be earned from work by mother/stepmother

70. 2017 other taxable income

71. 2017 untaxed income and benefits (See 67a-i.)
**Section M—Family Member Listing**

Give information for all family members entered in questions 11 and 39. List up to seven family members in addition to the student. **Failure to complete all columns could reduce your aid eligibility.** Leave shaded sections blank.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You — the student applicant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
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<td>5</td>
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<td>7</td>
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<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Full name of family member
(If more lines are needed, use Section Q.)

<table>
<thead>
<tr>
<th>Use codes from below</th>
<th>Age Required</th>
<th>2017-18 school year</th>
<th>2018-19 school year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of school or college</td>
<td>Year in school</td>
<td>Scholarships and grants</td>
<td>Parents’ contributions</td>
</tr>
<tr>
<td>Use whole numbers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Write in the correct code from the right
1 = Student’s parent, 2 = Student’s stepparent, 3 = Student’s brother or sister, or half-brother or sister
4 = Student’s husband or wife, 5 = Student’s child/stepchild
6 = Student’s grandparent, 7 = Student’s stepbrother or stepsister, 8 = Other

|  |  |  |  |
|---|---|---|

**Section N—Parents’ Information**
(to be answered by the parent(s) completing this form)

**73. Fill in one:**

- [ ] Father
- [ ] Stepfather
- [ ] Legal guardian
- [ ] Other (Explain in Q)

**a. Name**

Last

First

**Date of Birth**

1/1/____

**c. Occupation**

**d. Employer**

No. of Years

**e. Preferred daytime telephone**

**f. Retirement plans**

- [ ] Social security
- [ ] Union/employer
- [ ] Civil service/state
- [ ] IRA/Keogh/tax-deferred
- [ ] Military
- [ ] Other

**g. Total current value of tax-deferred retirement, pension, annuity and savings plans (IRA, Keogh, 401[k], 403(b), etc.)**

$_______.00

**74. Fill in one:**

- [ ] Mother
- [ ] Stepmother
- [ ] Legal guardian
- [ ] Other (Explain in Q)

**a. Name**

Last

First

**Date of Birth**

1/1/____

**c. Occupation**

**d. Employer**

No. of Years

**e. Preferred daytime telephone**

**f. Retirement plans**

- [ ] Social security
- [ ] Union/employer
- [ ] Civil service/state
- [ ] IRA/Keogh/tax-deferred
- [ ] Military
- [ ] Other

**g. Total current value of tax-deferred retirement, pension, annuity and savings plans (IRA, Keogh, 401[k], 403(b), etc.)**

$_______.00
Section O—Information About Noncustodial Parent
(to be answered by the parent who completes this form if the student’s biological or adoptive parents are divorced, separated or were never married to each other)

75. a. Who last claimed the student as a tax exemption?

b. How much does the noncustodial parent plan to contribute to the student’s education for the 2018-19 school year?

$ 0.00

Section P—Student’s Financial Aid Status

76. What will be the student’s 2018-2019 financial aid status?

☐ First-time applicant, entering student (including transfer students)
☐ Renewal applicant, continuing student
☐ First-time applicant, continuing student

Section Q—Explanations/Special Circumstances
Use this space to explain any unusual expenses such as high medical or dental expenses, educational and other debts, child care, elder care, or special circumstances. Also, give information for any outside scholarships you have been awarded. If more space is needed, use sheets of paper and attach them to this form. Please print.

Certification: All the information on this form is true and complete to the best of my knowledge. If asked, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S., state or local income tax returns. I certify that all information is correct at this time, and that I will send timely notice to my colleges/programs of any significant change in family income or assets, financial situation, college plans of other children, or the receipt of other scholarships or grants.

Student’s signature

Student’s spouse’s signature

Date completed:

Day
Month
Year

Father’s (stepfather’s) signature

Mother’s (ste)mother’s) signature
Family Information Form

Student’s Name: ______________________________________

Complete the chart below, including yourself, your parent(s), and your parent(s)’ other dependent children (if your parents provide more than half of their support), along with others who live in your home if they will receive more than half their support from your parents during the 2018-2019 academic year.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Name of school or college student will attend for the 2018-2019 school year</th>
<th>College students: full-time (FT) or half-time (HT); undergraduate (U) or graduate (G)</th>
<th>Expected graduation date</th>
<th>Amount of non-need based aid to be received, if any (i.e. athletic scholarships, academic scholarships, tuition remission, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applicant</td>
<td></td>
<td>Self</td>
<td>Boston College</td>
<td>FT or HT U or G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td>FT or HT U or G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td>FT or HT U or G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td>FT or HT U or G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td>FT or HT U or G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td>FT or HT U or G</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

O Check here if there are more than six family members and indicate their information on the back of this page.

Student Signature: ___________________________ Date: __________________

Parent Signature: ___________________________ Date: __________________

2016-2017 acad yr form
NONCUSTODIAL PARENT’S STATEMENT
School Year 2017–18

This form is to be filed by the noncustodial parent (whether divorced, separated or never married).

This form is to be filed by the noncustodial parent (whether divorced, separated or never married). This form is used by many colleges and universities to evaluate the financial strength of the student’s noncustodial parent. These schools adhere to the principle that both parents, regardless of their current marital status, have the primary responsibility for providing for their child’s education and should be expected to provide reasonable financial support before college resources are used.

Instructions For Completing The Noncustodial Parent’s Statement

Because most of the questions are self-explanatory, the instructions below are only for questions that may need some explanation.

For some of the questions in Section II, it may be helpful to refer to your U.S. income tax return (IRS Form 1040, 1040A, or 1040EZ). The IRS line references are for 2016. If you have not completed a 2016 tax return, estimate as accurately as possible. Some colleges will require a copy of your tax return.

11. Write in the amount of U.S. income tax paid (or to be paid). Refer to your 2016 IRS Form. Do not copy the amount of “federal income tax withheld” from a W-2 Form.

15a. Include only amounts that you get for yourself, your current spouse, and dependent children under age 18. Do not include amounts received for the student.

15e. Enter any other income that is not included in any other question.

17. Write in the amount of educational loan repayments that you (and your spouse) made in 2015. Include loans obtained by you (and your spouse) for your own education or for the education of the student, the student’s siblings, or the student’s stepbrothers or stepsisters.

18. Write in the amount of medical and dental expenses paid in 2016. Include the cost of insurance premiums for medical and dental care. Don’t include amounts covered by insurance, your company medical reimbursement account (flexible spending account), or self-employed health deductions.

In Section V do not report any asset more than once. If you jointly own assets with your former spouse, include only your (and your current spouse’s) portion of the assets and debts.

21–25. In questions 21, 22 and 25, “present market value” means the amount that the asset could currently be sold for. Do not use valuation such as assessed value, insured value or tax value. Include in 24 funds held in Section S28 college savings plans or prepaid tuition plans established for the student and the student’s siblings and stepchildren who are counted in question 5.

Section I—Student’s Information

1. a. Student’s name

   First

   Last

   M.I.

   c. Student’s primary residence is:

   □ with mother  □ with father  □ equally shared with mother and father

Section II—Noncustodial Parent’s (and Current Spouse’s) Information

2. Student’s noncustodial parent

   a. Name

   b. Age

   c. Address

   Street Address

   City

   State Zip Code

   d. Occupation

   e. Employer

   No. Years

   f. Are you covered by this employer's pension plan?

   □ Yes  □ No

   g. If unemployed, date unemployment began

   Month Day Year

   h. Preferred daytime telephone

   (111) 123-4567
3. Noncustodial parent's current spouse (If applicable)
   a. Name

   b. Age
   c. Occupation

   d. Employer
   No. Years

   e. Is your spouse covered by this employer's pension plan?
      □ Yes  □ No

4. Noncustodial parent's support of former household
   a. Who claimed student as a dependent on
      2016 U.S. income tax return?
      □ Mother  □ Father  □ Neither Parent

5. Enter the number of people in your family. Include yourself, your current
spouse, the student, and other children who are under age 24 that you share
with the student's custodial parent, even if they do not live with you. Include
other people if they currently live with you and receive more than half of their
support from you and your current spouse.

6. Write in the number of children from question 5 who will
attend college at least half-time during 2017-2018.

7. Give information for all individuals included in your family in question 5. Include yourself and your current spouse (if any).

<table>
<thead>
<tr>
<th>Full name of family member</th>
<th>Use codes from below</th>
<th>Age</th>
<th>Claimed by parents as tax exemption in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2017-18 School Year</th>
<th>2018-19 School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of school or college</td>
<td></td>
</tr>
<tr>
<td>Year in school</td>
<td></td>
</tr>
<tr>
<td>Scholarships and grants</td>
<td></td>
</tr>
<tr>
<td>Parents' contributions</td>
<td></td>
</tr>
<tr>
<td>Attend college at least one term</td>
<td></td>
</tr>
<tr>
<td>Fulltime</td>
<td></td>
</tr>
<tr>
<td>Parttime</td>
<td></td>
</tr>
<tr>
<td>College name</td>
<td></td>
</tr>
</tbody>
</table>

Write in the correct code from the right
1 = Student's parent, 2 = Parent's current spouse, 3 = Student's brother or sister, 4 = Student's stepbrother or stepsister,
5 = Student's husband or wife, 6 = Student's child/stepchild, 7 = Student's grandparent, 8 = Other.
Section III—Noncustodial Parent’s (and Current Spouse’s) 2016 Income

8. The following 2016 U.S. income tax return figures are: (Check one.)
   □ estimated. Will file IRS Form 1040EZ or 1040A.
   □ estimated. Will file IRS Form 1040.
   □ from a completed IRS Form 1040EZ or 1040A.
   □ from a completed IRS Form 1040.
   □ a tax return will not be filed. (Skip to 13.)

9. 2016 total number of exemptions (IRS Form 1040, line 6d or 1040A, line 6d. For 1040EZ, see 1040EZ Worksheet.)
   9.

10. 2016 Adjusted Gross Income (IRS Form 1040, line 37 or 1040A, line 21 or 1040EZ, line 4)
    Breakdown of income in 10
    a. Wages, salaries, tips (IRS Form 1040, line 7 or 1040A, line 7 or 1040EZ, line 1)
    10a. $_________________________.00
    b. Interest and dividend income (IRS Form 1040, lines 8a and 8e or 1040A, lines 8a and 8e or 1040EZ, line 2)
    10b. $_________________________.00
    c. Net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc.
    (IRS Form 1040, lines 12, 17, and 18) If a loss, enter the amount in parentheses.
    10c. $_________________________.00
    d. Other taxable income such as alimony received, capital gains (or losses), pensions, annuities, etc.
    (IRS Form 1040, lines 10, 11, 13, 14, 15b, 18, 20b, and 21, or 1040A, lines 10, 11b, 12b, 13, and 14b, or 1040EZ, line 3)
    10d. $_________________________.00
    e. Adjustments to income (IRS Form 1040, line 36 or 1040A, line 20)
    10e. $_________________________.00

11. a. 2016 U.S. income tax paid (IRS Form 1040, line 56 or 1040A, line 39 or 1040EZ, line 10)
    11a. $_________________________.00
    b. 2016 education credits—American Opportunity and Lifetime Learning (IRS Form 1040, line 50 or 1040A, line 33)
    11b. $_________________________.00

12. 2016 itemized deductions (IRS Schedule A, line 29. [Write in "0" if deductions were not itemized.])
    12. $_________________________.00

13. 2016 income earned from work by student’s noncustodial parent
    13. $_________________________.00

14. 2016 income earned from work by noncustodial parent’s current spouse
    14. $_________________________.00

15. 2016 untaxed income and benefits (Give total amount for the year. Do not give monthly amounts.)
    a. Social Security benefits received (Untaxed portion only—see instructions on page 1.)
    15a. $_________________________.00
    b. Child support received for all children
    15b. $_________________________.00
    c. Deductible IRA and/or SEP, SIMPLE or Keogh payments
    15c. $_________________________.00
    d. Payments to tax-deferred pension and savings plans
    15d. $_________________________.00
    e. Other—Earned Income Credit; housing, food and living allowances; tax-exempt interest income; foreign income exclusion; etc.
    15e. $_________________________.00

Section IV—Noncustodial Parent’s (and Current Spouse’s) 2016 Expenses

16. Child support paid by both the noncustodial parent and spouse because of divorce or separation
    16. $_________________________.00

17. Repayment of noncustodial parent’s and spouse’s education loans (See instructions on page 1.)
    17. $_________________________.00

18. Medical and dental expenses not covered by insurance (See instructions on page 1.)
    18. $_________________________.00

19. Total elementary school, junior high school and high school tuition paid for dependent children
    19. $_________________________.00
19a. Amount paid (Don’t include tuition paid for the student.) $_________________________.00
19b. For how many dependant children? [ ]
Section V—Noncustodial Parent's (and Current Spouse's) Assets and Debts

If current spouse holds more than 50 percent of any asset listed below, give details in Section VI. (See instructions on page 1.)

20. a. Housing payment (Check one.)  □ Rent  □ Mortgage  b. Monthly amount (if zero, explain in Section VI.)

21. Home—if owned or being purchased
   Year purchased
   Present market value
   Unpaid mortgage principal
   Purchase price

22. Other real estate
   Year purchased
   Present market value
   Unpaid mortgage principal
   Purchase price

23. Cash, savings, checking accounts, bonds and trust funds (as of today)

24. Investments—net value of stocks and other securities (List kinds and amounts in Section VI)

25. Business and/or farm
   a. Present market value
   b. Indebtedness
   c. Percentage of ownership

26. Current value of tax-deferred pensions, annuities and savings plans (for example, SRAs, 401(k)s, TDA's, 403(b)s, 408s, 457s, 501(c)s, etc.)

Section VI—Remarks
If you have any special circumstances, or additional information was requested above, please list them on a separate piece of paper and return it with this form.

Section VII—Certification and Authorization

I declare that the information reported on this form is true, correct and complete.

I agree that, to verify information reported on this form, I will on request provide an official copy of my U.S. income tax return.

I further agree to provide, if requested, any other official documentation necessary to verify information reported.

Noncustodial parent's signature

Date completed:  [ ] [ ] [ ]

Day  Month  Year

Do you authorize the college to discuss the information collected on this form with the student applicant?

□ Yes  □ No

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Instructions for Completing the Business/Farm Supplement

- If you have more than one business or farm, or a business and a farm, complete a supplement for each of them.
- When completing this supplement, refer to both your 2014 and 2015 IRS tax returns—specifically, Form 1040, Schedules C, D and F, as applicable. If an incorporated business is involved, refer to Form 1120 as well. If a partnership is involved, also refer to Form 1065 and/or Schedule K-1. For any year for which tax forms have not been completed, estimate as accurately as possible. The financial aid administrator may later ask you to provide copies of your tax returns, including your corporate and partnership tax return(s).
- If you are the owner or part owner of a partnership or a corporation: (1) enter your percentage of ownership (question 6); (2) enter total income, expense deductions and profit for the entire business entity (questions 11–13); and (3) enter your share of net profit (question 16).
- IMPORTANT: If a business is a major source of family support but no salaries are reported and business net profit is under $10,000, explain on an attached sheet how basic family expenses are met.
- Don't submit balance sheets, profit and loss statements, cash flow statements or tax returns in place of the Business/Farm Supplement, unless specifically requested by your college.
- If your home is part of the business or farm, enter its value and the amount of its mortgage on the CSS/Financial Aid PROFILE Application. Don't include your home value on the Business/Farm Supplement.
- If farm income is reported on an accrual basis, the required information can be found on IRS Form 1040, Schedule E, Part III. In this case disregard questions 11a–11c below and begin your entries with Gross Income in question 12.
- If you have gains or losses from the sale or exchange of livestock and/or farm machinery, report the full amount of such gains or losses in question 16 below. Don't include in this question gains or losses arising from the sale or exchange of other property, as reported on your IRS Form 1040, Schedule D.
- If a financial question does not apply to you, write 0. Do not leave questions blank unless the instructions tell you to do so.

Student's Information

Student's name
Last
First
MI

Social Security No.
Date of Birth
Month Day Year

Parent's Business/Farm Information

1. Name of Business/Farm

2. Date Business Commenced or Farm Purchased
Day Month Year

3. Location of Business/Farm
Street Address
City/Township
County
State Zip Code

4. Type of Business/Farm
☐ Sole proprietor
☐ Partnership
☐ Corporation
Indicate type

5. Give Name(s) of Owners and Partners, their Relationship to the Parent(s) and their Percentage of Ownership

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Percentage</th>
</tr>
</thead>
</table>

6. Your Percentage of Ownership

7. Number Employees

8. Describe Principal Product or Service


9. Residence and Mortgage Information

Monthly mortgage payment on the business or farm $0.00

Business owners

Farm owners

Do you live on the farm?

Yes  No

If yes, what percentage of home is claimed for business use?

10. Total Acres Owned (Farm Owners Only)

Market value per acre

<table>
<thead>
<tr>
<th>Description</th>
<th>Market Value</th>
<th>Acres Owned</th>
<th>Rented to Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tillable land</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nontillable land</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodlands and waste</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agricultural reserve</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Business Owners Only – Income and Expenses

11. Business Income


a. Gross receipts of sales less returns and allowances

b. Cost of goods sold and/or operations (Don’t include salaries paid to yourself, your dependents or others, or any item listed below.)

c. Gross profit (Line 11a minus 11b)

d. Other business income

12. Total Income (Add 11c and 11d)

13. Business Deductions (Don’t include any amount entered in 11b above.)

a. Depreciation

b. Interest expense

c. Rent on business property

d. Parents’ W-2 wages from this business

e. Salaries and wages paid to family members other than yourself employed in the business

Name and Relationship

Salary

f. All other salaries and wages

g. Other business expenses (Itemize on a separate sheet any single item over $1,000.)

14. Total Deductions (Add 13a—13g)

15. Net Profit (or Loss) (Line 12 minus line 14)

16. Your Share of Line 15 (Multiply line 15 by your percentage of ownership, question 6.)
**Farm Owners Only – Income and Expenses**

The IRS line references are for 2015. For 2016 use the corresponding lines from 2016 IRS forms.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Profit (or loss) on sales of livestock and other items purchased for resale (from Form 1040, Schedule F, line 2c).</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
</tr>
<tr>
<td>b. Sales of livestock and produce raised (from Schedule F, lines 2a, 4a, 5a, 6a, 6b, 6d, 7, 8a, 8b).</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
</tr>
<tr>
<td>c. Other farm income (Schedule F, lines 2b, 4b, 5a, 5c, 6b, 6d, 7, 8a, 8b).</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
</tr>
</tbody>
</table>

| 18. Gross Income (Add 11a–11c) (from Schedule F, line 8) | $ ________________ .00 | $ ________________ .00 | $ ________________ .00 |

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Farm deductions less depreciation (from Schedule F, lines 10–13 and lines 15–32).</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
</tr>
<tr>
<td>b. Depreciation (from Schedule F, line 14).</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
<td>$ ________________ .00</td>
</tr>
</tbody>
</table>

| 20. Total Expenses (Add 13a and 13b) (from Schedule F, line 33) | $ ________________ .00 | $ ________________ .00 | $ ________________ .00 |

| 21. Net Farm Profit (or Loss) (Line 12 minus line 14) (from Schedule F, line 34) | $ ________________ .00 | $ ________________ .00 | $ ________________ .00 |

| 22. Farm-Related Capital Gains (or Losses) (from sale or exchange of livestock and farm machinery (from Form 1040, Schedule D). | $ ________________ .00 | $ ________________ .00 | $ ________________ .00 |

| 23. Net Profit (or Loss) (Add lines 15 and 16) | $ ________________ .00 | $ ________________ .00 | $ ________________ .00 |

| 24. Your Share of Line 17 (Multiply line 17 by your percentage of ownership, question 6.) | $ ________________ .00 | $ ________________ .00 | $ ________________ .00 |
## Business/Farm Assets

The figures you report in column C should reflect the fair market value of the business or farm (a reasonable estimate of what each asset is worth and could be sold for). Filers of IRS Form 1120, 1120S or 1065 should refer to Schedule L to complete columns A and B. If you don’t file any of these IRS forms, you may leave columns A and B blank.

### 1. Current Assets

<table>
<thead>
<tr>
<th>Column</th>
<th>Book Value at Beginning of Tax Year 2016</th>
<th>Book Value at End of Tax Year 2016</th>
<th>Fair Market Value at End of Tax Year 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cash and short-term investments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Receivables (total)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Allowance for bad debts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Inventories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Other current assets not included above (Do not include loans to partners or shareholders.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Total current assets (Add 1a, 1b, 1d and 1e, then subtract 1c)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2. Fixed Assets

<table>
<thead>
<tr>
<th>Column</th>
<th>Accumulated Depreciation</th>
<th>Book Value at Beginning of Tax Year 2016</th>
<th>Accumulated Depreciation</th>
<th>Book Value at End of Tax Year 2016</th>
<th>Fair Market Value at End of Tax Year 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Buildings (purchase price)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Accumulated depreciation on buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Machinery and equipment (purchase price)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Accumulated depreciation on machinery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Other fixed assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Total fixed assets (Add 2a, 2b, 2d and 2e)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Total depreciation (Add 2c and 2e)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. All Other Assets

<table>
<thead>
<tr>
<th>Column</th>
<th>Book Value at Beginning of Tax Year 2016</th>
<th>Book Value at End of Tax Year 2016</th>
<th>Fair Market Value at End of Tax Year 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total loans to partners or shareholders listed in 5 on page 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Itemize by partner or shareholder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Name:</td>
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<tr>
<td>Name:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Loans to others than partners or shareholders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. All other assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Total other assets (Add 3a–3c)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Total Assets

<table>
<thead>
<tr>
<th>Column</th>
<th>Book Value at Beginning of Tax Year 2016</th>
<th>Book Value at End of Tax Year 2016</th>
<th>Fair Market Value at End of Tax Year 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Add 1f, 2g and 3d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Your share of total assets (Multiply line 4a by your percentage of ownership.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Business/Farm Liabilities

5. Liabilities
   a. Accounts payable
   b. Other current debts
   c. Total current debts
      (Add 5a and 5b)

6. Long-Term Liabilities
   (Don't include any amount listed above.)
   a. Mortgages on land and buildings
      (Don't include home mortgages.)
   b. Debts secured by equipment
   c. Loans from partner(s) or shareholder(s)
      Itemize by shareholder:
      Name
      Name
      Name
      Name
   d. Other debts
   e. Total long-term debts (Add 6a-6d)

7. Total Liabilities
   (Add 5c and 6e)

8. Your Share of Total Liabilities
   (Multiply line 7 by your percentage of ownership.)

Remarks
Use this space to explain any special circumstances. If more space is required, attach a letter to this form.

Signatures

Father's or Stepfather's signature ______________________________
Date completed: ____________________
Day Month Year

Mother's or Stepmother's signature ______________________________
Date completed: ____________________
Day Month Year

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### VI. **SPORTS CAMPS AND CLINICS**

<table>
<thead>
<tr>
<th>C-1</th>
<th>Sports Camp/Clinic Description Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-2</td>
<td>Sports Camp and Clinic Staff Compensation Form</td>
</tr>
<tr>
<td>C-3</td>
<td>Sports Camp and Clinic Camper Roster</td>
</tr>
<tr>
<td>C-4</td>
<td>Basketball Camp Employment- IAWARP (Individual Associated With A Recruited Prospect)</td>
</tr>
<tr>
<td>C-5</td>
<td>Sports Camp and Clinic Description Form (Non-institutional Camp/Clinic)</td>
</tr>
<tr>
<td>C-6</td>
<td>Local Sports Club Participation Approval Form</td>
</tr>
<tr>
<td>C-7</td>
<td>Boston College Women’s Golf Private Lesson Form</td>
</tr>
<tr>
<td>C-8</td>
<td>Football – Non-institutional Camp/Clinics</td>
</tr>
</tbody>
</table>
**GENERAL CAMP INFORMATION:**

<table>
<thead>
<tr>
<th>Name of Camp/Clinic:</th>
<th>Sport: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Camp/Clinic:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Time camp begins (first day):</td>
<td>____________________________</td>
</tr>
<tr>
<td>Time camp ends (last day):</td>
<td>____________________________</td>
</tr>
<tr>
<td>Name of Camp Director:</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

**ATTENDANCE RESTRICTIONS:** (check any restrictions and provide specific limitations on the line provided)

- [ ] Age
- [ ] Grade Level
- [ ] Gender
- [ ] Number of Participants

- All camp advertisements (brochures, website, etc.) must indicate that the camp or clinic is open to any and all entrants and limited only by the restrictions to the left.

**FACILITIES USED:** (check all that apply)

- [ ] Power Gym
- [ ] Newton 1 (Field Hockey)
- [ ] Shea 1 (Football)
- [ ] Conte Forum Floor
- [ ] Newton 2 (Soccer/LAX)
- [ ] Shea 2 (Baseball)
- [ ] The Plex
- [ ] Brighton
- [ ] Shea 3 (Softball)
- [ ] Other: ____________________________

**CAMP EMPLOYMENT:**

Will a prospect(s) be employed at the camp/clinic? [ ] Yes [ ] No

*If yes, please attach a list of the prospects who will be employed at your camp/clinic*

**CAMP REGISTRATION:**

Cost to Attend the Camp/Clinic: ____________________________

**CAMP BENEFITS:** The following, if provided, must be included in the cost to attend the camp. Please indicate if you will be providing any of the benefits listed below:

- [ ] Concessions If so, what? ____________________________ Cost of item(s): ______
- [ ] Transportation If so, what? ____________________________ Cost of item(s): ______
- [ ] Merchandise If so, what? ____________________________ Cost of item(s): ______
- [ ] Awards If so, what? ____________________________ Cost of item(s): ______
- [ ] Meal(s) If so, what? ____________________________ Cost of item(s): ______
- [ ] Lodging If so, where? ____________________________ Cost of item(s): ______

*Please keep in mind, transportation must be available to all camp participants.*
**CAMP DISCOUNTS:** Camp discounts include, but are not limited to: early registration, military discount, BC employee discount, or a group discount. Please list any/all discounts that will be available.

<table>
<thead>
<tr>
<th>Name/Type of Discount</th>
<th>Reduced Registration Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REGISTRATION, PAYMENT & ADVERTISING:**

- **REGISTRATION**
  - Online
  - Through mail
  - Through phone

- **PAYMENT**
  - Online
  - Through mail
  - Through phone

- **ADVERTISING**
  - Mass Email
  - Mass Printed Mailing
  - Recruiting Publication Advertisement
  - Boston College Website
  - Other: ____________________________

**REFUNDS:**
The camp refund policy must be attached to this form

**I certify that I have filled out this form correctly and accurately to the best of my knowledge. I understand that failure to provide accurate information on this form, or failing to abide by all NCAA rules and regulations may result in a NCAA violation. Further, this may result in a delay or reduction of camp proceeds.**

Coach Signature: ____________________________ Date: ________________

**CAMP APPROVAL WORKFLOW**

- Facilities Approval: ____________________________ Date: ________________
- Compliance Approval: ____________________________ Date: ________________
- Business Office Approval: ____________________________ Date: ________________
Per NCAA Bylaw 13.12.2.2, *High School, Preparatory School, or Two-Year College Coaches*, a member institution or employees of its athletics department may employ coaches outside of its athletic program staff, provided:
- the coach receives compensation that is commensurate with the going rate for camp counselors of like teaching ability and camp experience; and
- the coach is not paid on the basis of the value the coach may have for the employer because of the coach's reputation or contact with prospects.

Per NCAA Bylaw 13.12.2.1, *Student-Athletes*, a student-athlete may be employed at any camp provided:
- the student-athlete performs duties that are of a general supervisory character in addition to any coaching or officiating assignments.
- compensation shall be commensurate with the going rate for camp counselors of like teaching ability and camp experience and may no be paid on the basis of the value that student-athlete may have for the employer.

Please complete the following chart in its entirety. Include all members of the staff.

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Affiliation</th>
<th>If SA Eagle ID#</th>
<th>Duties Performed</th>
<th>Rate</th>
<th>Total Pay</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baldy Baldwin (example)</td>
<td>123 Main St, Newton, MA 02458</td>
<td>student athlete</td>
<td></td>
<td>coach/admin staff/instructor...</td>
<td>$75/day</td>
<td>$150.00</td>
<td>hold</td>
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<td>Baldy Baldwin (example)</td>
<td>124 Main St, Newton, MA 02458</td>
<td>outside staff</td>
<td></td>
<td>speaker/trainer/coach...</td>
<td>$150.00</td>
<td>$150.00</td>
<td>mail</td>
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<td>Baldy Baldwin (example)</td>
<td>125 Main St, Apt 45, Newton, MA 02458</td>
<td>BC Student</td>
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<td>staff asst</td>
<td>$8/hr</td>
<td>$160.00</td>
<td>hold</td>
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<td>Baldy Baldwin (example)</td>
<td>-- (not necessary)</td>
<td>BC Trainer</td>
<td></td>
<td>trainer</td>
<td>$50/day</td>
<td>$100.00</td>
<td>-</td>
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<tr>
<td>Baldy Baldwin (example)</td>
<td>-- (not necessary)</td>
<td>BC Coach</td>
<td></td>
<td>director</td>
<td>$100.00</td>
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Camp Director Signature ___________________________ Date __________

Compliance Approval ___________________________ Date __________

Attachment C-2

BC Compliance Office 07/16
<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Affiliation</th>
<th>If SA Eagle ID#</th>
<th>Duties Performed</th>
<th>Rate</th>
<th>Total Pay</th>
<th>Note</th>
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<td>Joe Baseball (example)</td>
<td>Cooperstown, NY</td>
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<td>7th</td>
<td>$250.00</td>
<td>Military</td>
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</table>
Staff will not be paid until this form is completed and submitted to the compliance office for approval.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Affiliation (i.e. HS Coach at State HS)</th>
<th>Dates of BC Camp</th>
</tr>
</thead>
</table>

1. NCAA rules prohibit an institution from employing (on a volunteer or paid basis) an individual associated with a recruited men’s basketball prospective student-athlete (PSA) (grades 7-12) at the institution’s camps or clinics.

2. Definition of “recruited” PSA - a men’s basketball prospect (grades 7-12) is **considered to be recruited** if any of the following have occurred:
   a. PSA made an official (paid) visit to Boston College (BC);
   b. PSA’s attendance at a BC camp has been solicited by BC’s men’s basketball staff or a BC booster;
   c. BC’s men’s basketball program has provided recruiting materials (e.g., e-mails, letters) to the PSA (or an individual associated with the PSA) designed to solicit the PSA’s enrollment at BC;
   d. BC coach or staff member has had an arranged, in-person, off-campus encounter with the PSA or the PSA’s parents, relatives or legal guardians;
   e. BC has initiated or arranged a telephone contact with the PSA, the PSA’s relatives or legal guardians, on more than one occasion for the purpose of recruitment;
   f. PSA has received a verbal or written offer of athletics aid from BC;
   g. PSA has verbally committed to attend BC;
   h. An institutional coaching staff member has had any recruiting contact [including in-person or electronic contact (e.g., telephone calls, video conference, and electronic correspondence)] with the PSA (including contact initiated by the PSA).

3. A PSA retains recruited status with regard to BC until he enrolls at another NCAA institution or has exhausted his eligibility at BC.

4. Given these regulations, BC requests that you disclose any association with any PSA who is being recruited or has been recruited by BC and still meets the definition of a recruited PSA. Examples of associations include, but are not limited to the following:
   a. Parent/Legal Guardian/Relative/Family Friend
   b. High school or middle school boys basketball coach (paid or volunteer)
   c. High school or middle school athletics director
   d. Recruiting/scouting service/consultant (paid or volunteer)
   e. Non-scholastic/AAU coach
   f. Personal trainer/private coach
   g. Family spokesman/advisor/representative

**CAMP EMPLOYEE SIGNATURE** *(Please check one)*

☐ **NO,** I am NOT associated with any prospect(s) who is or was recruited by Boston College.

☐ **YES,** I am associated with a prospect(s) who is or was recruited by Boston College and has eligibility remaining.

If yes, please provide the name(s) of the recruited prospect(s) with whom you are associated, your affiliation(s) with the prospect, the length of relationship with the prospect, and your place of employment:

By signing below, I affirm that I have read and I understand the definition of a recruited prospect and I have disclosed any association that I have with any recruited prospect of Boston College. Additionally, if any information changes after I submit this form I will notify the men’s basketball staff and the Compliance Office. Failure to complete this form accurately and provide Boston College with up-to-date information could result in NCAA violations for the men’s basketball program and will result in my termination of employment in current and future men’s basketball summer camps.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**BOSTON COLLEGE HEAD COACH CONFIRMATION** - By signing below, I affirm that, to my knowledge, the individual completing this form is not associated with any PSA who is or was recruited at Boston College

Men’s Basketball Head Coach Signature Date

Compliance Office Approval Date

Attachment C-4 BC Compliance Office 07/16
Sports Camp/Clinic Description Form

Noninstitutional Camp/Clinics

In accordance with NCAA Bylaw 13.12.2.3.6, Other Noninstitutional Privately Owned Camps/Clinics, an institution’s athletics department personnel may serve in any capacity (e.g., counselor, guest lecturer, and consultant) in a noninstitutional, privately owned camp or clinic, provide the camp or clinic is operated in accordance with restrictions applicable to institutional camps. More specifically:

- An institution’s football and basketball coaches and their non-coaching staff members with sport-specific responsibilities may not work outside camps, as they are limited to being employed only at their own institution’s camps/clinics.
- In the sport of football, participation is limited to on-field Graduate Assistants (one camp each) during two periods of 15 consecutive days in the months of June and July or any calendar week that includes days of those months (as identified by football staff for institutional summer camps).
- In the sport of women’s volleyball, a coach or staff member with responsibilities specific to women’s volleyball may not be employed (salaried or a volunteer basis) in an institutional camp or clinic, or a noninstitutional privately owned camp or clinic conducted off the institution’s campus during a quit period.
- The purpose of the camp or clinic must be designed to improve overall skills and general knowledge in the sport. The camp or clinic should include specialized instruction and may not be conducted as a tryout camp devoted primarily to agility, flexibility, speed and strength tests for prospects.
- The camp or clinic shall be open to any and all entrants limited only by number, age, grade, and/or gender. The camp or clinic may not select participants on an invitation-only basis or reserve spots for specific prospects.
- Promotional materials for the camp must indicate that the camp is open to any and all entrants.
- The camp or clinic shall not employ or give free or reduced admission privileges to any high-school, preparatory school or two-year college athletics award winner.
- A representative of an institution's athletics interests shall not pay a prospect's expenses to attend the sports camp or clinic.
- The camp or clinic shall not permit or arrange for a prospect to operate concessions to sell items related to or associated with the camp.
- Awards or gifts (i.e., t-shirts) provided by the camp or clinic must be included in the admission fees charged to the participants in the camp or clinic.
- No coach may serve (either on a salaried or a volunteer basis) in any capacity in a camp or clinic established, sponsored, or conducted by an individual or organization that provides recruiting or scouting services concerning prospects.

I understand the NCAA regulation set forth above regarding the restrictions in place for Other Noninstitutional Privately Owned Camps/Clinics. My signature certifies that the camp/clinic named below is operated in accordance with NCAA Bylaw 13.12.2.3.6, as described above.

Camp Name: __________________________________________________________

Camp Dates: _________________________________________________________

Camp Website: _______________________________________________________

Signature of BC Staff Member: ___________________________ Date: ____________

Signature of Camp/Clinic Representative: __________________________ Date: ____________

Compliance Office Approval: __________________________________________ Date: ____________

For Questions, please contact the BC Compliance Office at (617) 552-4518

Attachment C-5

BC Compliance Office 07/16
LOCAL SPORTS CLUB PARTICIPATION APPROVAL FORM

Compliance approval must be granted **PRIOR** to any coaching staff members participating with a local sports club. Compliance approval must be **renewed** each academic year in order to continue participation with a local sports club.

An up to date roster listing both the participants’ addresses and the distance between the participants’ addresses and Boston College (mapquest.com) must be attached as well as a competition schedule.

**Coaches Name:** __________________________  **Sport:** ________________

<table>
<thead>
<tr>
<th>Local Sports Club Information</th>
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<tbody>
<tr>
<td>Club Name: ____________________</td>
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<tr>
<td>Location: _____________________</td>
</tr>
<tr>
<td>President/CEO: ________________</td>
</tr>
<tr>
<td>Facilities Used: ______________</td>
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<tr>
<td>How long has club been established? ________________________________</td>
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<tr>
<td>How many teams are in the club? ________________________________</td>
</tr>
<tr>
<td>Number of participants on team? ________________________________</td>
</tr>
<tr>
<td>Ages of participants on team? ________________________________</td>
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</table>

Will there be student-athletes working with the club team?  
☐ Yes*  ☐ No  

**Names:**  
______________________________________________  
______________________________________________  
______________________________________________  

**ATTACHED:**  
☐ Competition Schedule  ☐ Team Roster *(name, address, distance from BC)*  

I hereby verify that I have submitted accurate information regarding this local sports club. All of the participants live within a 50 mile radius of Boston College or satisfy the NCAA Bylaw 13.11.2.4.1 exception. In addition I will notify Compliance of any changes to this local sports club. I will not participate in any activity with the local sports club until I receive final approval from Compliance.

**Coach’s Signature**  
______________________________  **Date**  

**Compliance Approval**  
______________________________  **Date**

Attachment C-6  
BC Compliance Office 07/16
BOSTON COLLEGE  
Women’s Golf Private Lesson Form

Name: ________________________________

Per NCAA Bylaw 13.11.3.6 (Private Lessons, Women's Golf and Equestrian Exception) an institution's women's golf coach may teach private lessons to a prospect in their respective sport, provided the following conditions are met:

(a) The prospect resides within a 50-mile radius of the institution's main campus;
(b) The coach makes lessons available to the general public;
(c) In women's golf, lessons are only provided to female prospects and the coach is a teaching professional certified pursuant to the Ladies Professional Golf Association (LPGA) and/or Professional Golf Association (PGA) certification program;
(d) Fees charged to the prospect are at a rate commensurate with fees charged to all individuals;
(e) Fees charged to the prospect are not paid by individuals or entities other than the prospect or her parent or legal guardian; and
(f) The institution keeps on file in the office of the director of athletics documentation of the fee charged for the lessons and the name of any individual receiving any portion of the fee.

Prior to giving lessons, the Coach is required to contact the Compliance Office (617-552-4518) to complete any necessary employment paperwork, including the form below, which must be completed for EACH series of lessons:

To be completed by the Coach for each lesson given to a PSA:

Name of Lesson Recipient: ________________________________________________________________________

Address of Lesson Recipient: ________________________________________________________________________

Location of Lesson (Facility, City/State): ______________________________________________________________

Cost of Lesson: ___________________________________________________________________________________

Person Responsible for Payment: _____________________________________________________________________

Relationship to Lesson Recipient: _____________________________________________________________________

Payment Type (cash, check, etc.): _____________________________________________________________________

I certify that the above information is complete and accurate, and that I have followed all applicable NCAA regulations concerning fee-for-lesson compensation.

Signature of Coach        Date

I certify that the above information is complete and accurate regarding the lesson I have received.

Signature of Lesson Recipient        Date        Phone Number
Football - Noninstitutional Camp/Clinics

Boston College athletics department personnel may serve in any capacity (e.g., counselor, guest lecturer, and consultant) in a noninstitutional, privately owned camp or clinic, provide the camp or clinic is operated in accordance with restrictions applicable to institutional camps.

Camp/Clinic Name: ____________________________  Camp/Clinic Date(s): __________________

Camp/Clinic Location: ____________________________

Camp or Clinic Restrictions (To be completed by the Camp Director – Please check all that apply)

☐ The camp or clinic is open to any and all entrants (limited only by number and age). The camp or clinic may not select participants on an invitation-only basis or reserve spots for specific prospects.

☐ The camp or clinic is not established, sponsored or conducted by an individual or organization that provides recruiting or scouting services concerning prospects.

☐ The camp or clinic does not employ (even on a voluntary basis) or give free or reduced admission privileges to any high school, preparatory school or two-year college athletics awards winner or any Boston College prospective student-athlete.

☐ The purpose of the camp or clinic is designed to improve overall skills through specialized instruction and is not a tryout camp devoted primarily to agility, flexibility, speed and strength tests.

☐ The camp or clinic does not permit or arrange for a prospective student-athlete to operate a concession stand or a stand to sell items related to or associated with the camp.

☐ There will be no recruiting activities (e.g., recruitment presentations, highlight videos, posters).

☐ The cost of the awards provided at the camp or clinic are included in the admission fees charged to the participants of the camp or clinic.

☐ A booster is not paying for any Boston College prospective student-athlete to attend the camp or clinic.

The following coaches will be employed at the camp or clinic:

<table>
<thead>
<tr>
<th>Name</th>
<th>Camp Role (e.g., Coach)</th>
<th>Paid?</th>
<th>Travel?</th>
<th>BC Coach’s Signature</th>
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I certify that I understand the above statements and that all information listed is accurate. If at any time, the information listed above changes, I will contact the Boston College Compliance Office to provide updated information.

Camp Director – Print Name ____________________________ Date ____________

Camp Director – Signature ____________________________ Cell Phone Number ____________

For Compliance Use Only:

☐ Camp Meets NCAA Standards – Permissible  ☐ Camp Does Not Meet NCAA Standards – Impermissible

Compliance Signature ____________________________ Date ____________
VIII. MISCELLANEOUS INFORMATION

ATTACHMENTS

M-1 Occasional Meal/Reasonable Refreshments Request Form
M-2 Team Entertainment Request Form
M-3 Outside Competition Participation Request Form
M-4 Employment Agreement Form
M-5 Boston College Student-Athlete Fee-for-Lesson Form
M-6 Banquet/Awards Prior Approval Form
M-7 Institutional, Charitable, Educational or Non-Profit Promotions Individual Release Statement
M-8 Fundraising Donation Request Form
M-9 Boston College Agent Registration Form
M-10 Boston College Agent Renewal Form
OCCASIONAL MEAL/REASONABLE REFRESHMENTS REQUEST FORM

This form is due to Business Office and Compliance prior to the provision of the meal.

☐ Bylaw 16.11.1.5, Occasional Meals. A student-athlete or an entire team may receive an occasional meal on infrequent and special occasions from an institutional staff member in the locale of the institution. The institutional staff member may provide reasonable local transportation to involved student-athletes to attend the meal. A student-athlete may receive a maximum of three occasional meals per semester.

☐ Bylaw 16.6.1.5 Reasonable Refreshments. An institution may provide the family members of a student-athlete with reasonable food and drinks in conjunction with educational meetings or celebratory events (e.g., senior night) and on an occasional basis for other reasons.

Sport: _______________ Occasional Meal/Reasonable Refreshments Date: _______________

Occasion for Meal/Reasonable Refreshments: ________________________________

Address, City, State: ______________________________________________________

Food Provided From (List Restaurant): _______________________________________

Food Paid By (BC Budget Funding Source): _________________________________

Transportation Provided: ☐ No ☐ Yes If Yes, By: _______________________________

Individuals in Attendance: (Every individual’s name must be listed, including all coaches, staff members, parents (if refreshments) and student-athletes. Attach an additional sheet if necessary.)

1) _______________________________ 8) _______________________________

2) _______________________________ 9) _______________________________

3) _______________________________ 10) _______________________________

4) _______________________________ 11) _______________________________

5) _______________________________ 12) _______________________________

6) _______________________________ 13) _______________________________

7) _______________________________ 14) _______________________________

Coach’s Signature: _______________________________ Date: __________

Compliance Office Approval: _______________________________ Date: __________

Business Office Approval: _______________________________ Date: __________

Attachment M-1

BC Compliance 07/16
ENTERTAINMENT REQUEST FORM

This form is due to Business Office and Compliance prior to the provision of the entertainment.

Per NCAA Bylaw 16.7 Entertainment in Conjunction with Practice or Competition. An institution, conference, or the NCAA may provide reasonable entertainment (but may not provide cash for such entertainment) to student-athletes in conjunction with practice or competition.

Sport: ___________________________  Team Entertainment Date: ______________

Place of Entertainment: ____________________________________________________________

Address, City, State: __________________________________________________________________

Paid for By (BC Budget Funding Source): __________________________________________________

Transportation Provided: □ No □ Yes  If Yes, By: _______________________________________

Individuals in Attendance: (Every individual’s name must be listed, including all coaches, staff member and student-athletes. Attach an additional sheet if necessary.)

1) ___________________________  11) ___________________________
2) ___________________________  12) ___________________________
3) ___________________________  13) ___________________________
4) ___________________________  14) ___________________________
5) ___________________________  15) ___________________________
6) ___________________________  16) ___________________________
7) ___________________________  17) ___________________________
8) ___________________________  18) ___________________________
9) ___________________________  19) ___________________________
10) ___________________________  20) ___________________________

Coach’s Signature: ___________________________________________  Date: ______________

Compliance Office Approval: ______________________________________  Date: ____________

Business Office Approval: ________________________________________  Date: ____________

Attachment M-2  BC Compliance 07/16
OUTSIDE COMPETITION PARTICIPATION REQUEST FORM

*TO BE COMPLETED AND ON FILE IN COMPLIANCE (308 Conte) PRIOR TO COMPETITION*

STUDENT-ATHLETE INFORMATION

Student-Athlete: ____________________________ Sport: ____________________________
Home Address: ____________________________ City: ____________________________ State: _____ Zip: ____
Telephone Number: ( _____ ) ______________________ Email: ____________________________

OUTSIDE COMPETITION INFORMATION

League (and/or Event): ____________________________
Team Name: ____________________________ Location: ____________________________
(Exact) Date(s) of League/Event: ____________________________
Contact Name: ____________________________ Telephone Number: ( _____ ) ____________________________
Email Address: ____________________________ Website: ____________________________
Participation Costs: ____________________________ Paid By: ____________________________
Potential Prizes/Awards: ____________________________
Other Boston College Teammates Participating: ____________________________

COACH APPROVAL

My signature below indicates that I grant permission for the student-athlete named above to be involved in the outside competition listed above. In addition, I understand that failure of the student-athlete to abide by the outside competition guidelines listed on the reverse side of this form may render the student-athlete ineligible.

_____________________________ Date
Head Coach’s Signature

DIRECTOR OF ATHLETICS APPROVAL

Signature of the Director of Athletics granting permission for student-athlete to participate in the above named league/event. This signature will be obtained by Compliance.

_____________________________ Date
Athletics Director’s Signature
TERMS OF OUTSIDE COMPETITION:

- Each Summer Basketball League or Event must be sanctioned by the NCAA and a student-athlete's participation in such league/event may only take place during the period between June 15 - August 31. No more than TWO student-athletes may participate on the same basketball team. Student-athletes may only participate on one basketball team in one sanctioned basketball league.
- In the sports of field hockey, men’s and women’s soccer, and volleyball, it is permissible to compete as a member of an outside team outside the declared playing and practice season, as long as such competition does not occur earlier than May 1, with no more than TWO student-athletes in the sport of volleyball or FIVE student-athletes in the sports of field hockey and men’s and women’s soccer participating on the same teams, and no class time is missed for practice or competition. Such participation in volleyball is limited to doubles tournaments in outdoor volleyball, grass or sand.
- In all other sports, it is permissible to compete as a member of an outside team outside the declared playing and practice season, as long as such competition does not occur earlier than the end of the spring academic year (last day of finals) and no earlier than the beginning of the fall academic year (first day of classes or practice, whichever is earlier). Student-athletes must have completed yearly participation in all intercollegiate competitions in order to participate in any outside competitions.
- No more than the following number of student-athletes may participate on the same summer league team: Baseball-4, Basketball-2, Field Hockey-5, Football-5, Lacrosse-5, Soccer-5, and Softball-4.
- A student-athlete agrees to immediately report to the Boston College Compliance Office any improper privileges or benefits offered to or received by the student-athlete, or any NCAA rules violations.
- A student-athlete’s participation on an outside team must satisfy the definition of an amateur team.
- A student-athlete, and any of their teammates, may not be provided with more than actual and necessary expenses for participation on an outside team.
- A student-athlete may not receive any compensation for participation in outside competition
- Any awards a student-athlete receives must conform to the regulations of the recognized amateur organization that governs the competition. Hypothetical examples of prohibited items include, but are not limited to cash, a cash equivalent, and gift certificates redeemable for cash. Hypothetical examples of items a student-athlete may receive include, but are not limited to trophies, medals, gift certificates not redeemable for cash, and merchandise for place finishes.
- No member of the coaching staff of a member institution may be involved in any capacity (e.g., coach, official, player or league/team administrator) at any time (i.e., during the academic year, vacation periods and summer) with an outside team that involves any student-athlete with eligibility remaining from the institution's team.
- Failure to abide by these outside competition guidelines and NCAA regulations could result in a violation of NCAA rules that could seriously affect a student-athlete’s athletic eligibility.

STUDENT-ATHLETE AGREEMENT

By my signature below, as a student-athlete at Boston College desiring to participate in outside competition, I agree to comply with the outside competition guidelines as outlined above as well as all other NCAA rules and regulations, which are provided to all student-athletes each year.

Student-Athlete’s Signature     Date
EMPLOYMENT AGREEMENT FORM

*MUST BE SUBMITTED TO COMPLIANCE (308 Conte) PRIOR TO THE START OF EMPLOYMENT*

EMPLOYMENT INFORMATION

Student-Athlete: _____________________________  Sport: ____________________________________
Email: _____________________________________  Cell Phone #: ______________________________
Business Name ______________________________  Your job title ______________________________
Address: ___________________________________  Start Date: ________________________________
City, State & Zip Code: ________________________  End Date: _________________________________
Supervisor: _________________________________  Rate: ______________Hours per Week_________
Supervisor’s Job Title: ________________________
Supervisor’s Email: __________________________
Phone: _____________________________________

Job Responsibilities: _____________________________________________________________

Payment will be made by (check all that apply): Check________ Cash________ Tips________ Other: ___________

How Job was Obtained:  Referred by: ___________Relation: ________Open Application : _______Booster: ________

When do you plan to work at this job?  (Circle all that apply):
 Fall Semester ♦ Thanksgiving Break ♦ Christmas Break ♦ Spring Break ♦ Spring Semester ♦ Summer Vacation

COACH APPROVAL

My signature below indicates that I grant permission for the student-athlete named above to be employed by the organization/individual listed above. In addition, I understand that failure of the student-athlete and/or employer to abide by the employment guidelines listed below may render the student-athlete ineligible and jeopardize the student-athlete’s financial aid.

______________________________________   ________________________
Head Coach’s Signature               Date

STUDENT-ATHLETE EMPLOYMENT AGREEMENT:

• The student-athlete has not been hired based on the value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following that he or she has obtained because of athletics ability.

• The student-athlete will be paid only for work actually performed and pay will be commensurate with the going rate in that locality for similar services and the same as that paid to other employees doing the same work. Employment will be reviewed by the Compliance Office throughout the course of the academic year.

• The student-athlete accepts responsibility for accuracy of time records and pay, and agrees to provide Boston College with the appropriate documentation verifying all employment information such as, but not limited to, hours worked and earnings. By signing this form, permission is given to the employer to release any and all employment records or documents to authorized Boston College representatives, and the employer agrees to release such documents as requested.

• Benefits or privileges that are not made available to other employees will not be accepted by the student-athlete, including transportation provided by or arranged by the employer to or from the place of employment. The student-athlete is to be treated the same as any other employee.

• The student-athlete and employer agree to immediately report to the Boston College Compliance Office any improper privileges or benefits offered to or received by the student-athlete, or any NCAA rules violations of which either is aware.

• If either the student-athlete or the employer wishes to end the employment relationship, it is the responsibility of the student-athlete to immediately communicate such information to the Boston College Compliance Office before such action is taken.

• Failure to abide by these employment guidelines and NCAA regulations could result in a violation of NCAA rules that could seriously affect the student-athlete’s athletic eligibility and financial aid.

By my signature below I agree to comply with the employment guidelines as outlined above as well as all other NCAA rules and regulations, which are provided to all student-athletes each year.

_________________________________________
Student-Athlete’s Signature                         Date

Attachment M-4  BC Compliance Office 07/16
BOSTON COLLEGE
Student-Athlete Fee-For-Lesson Form

Name: ______________________________________ Student Number: __________________________

Sport: ______________________________________ Phone Number: ____________________________

Per NCAA Bylaw 12.4.2.1, a student-athlete may receive compensation for teaching or coaching sports
skills or techniques in his or her sport on a fee-for-lesson basis, provided:

a) Institutional facilities are not used;
b) Playing lessons are not permitted;
c) The institution obtains and keeps on file documentation of the recipient of the lesson(s) and
the fee charged for the lesson(s) provided during any time of the year; and
d) The compensation is paid by the lesson recipient (or the recipient’s family) and not another
individual or entity.

Prior to giving lessons, student-athletes are required to contact the Compliance Office (617-552-
1916) to complete any necessary employment paperwork, including the form below, which must be
completed for EACH lesson:

To be completed by the student-athlete:

Name of Lesson Recipient: ___________________________________________________________

Date of Lesson: ____________________________________________________________________

Location of Lesson (Facility, Town, State): ______________________________________________

Cost of Lesson: ____________________________________________________________________

Person Responsible for Payment: ______________________________________________________

Relationship to Lesson Recipient: _____________________________________________________

Payment Type (cash, check, etc.): _____________________________________________________

I certify that the above information is complete and accurate, and that I have followed all applicable
NCAA regulations concerning fee-for-lesson compensation.

__________________________       ________________________
Signature of Student-Athlete       Date

I certify that the above information is complete and accurate regarding the lesson I have received.

__________________________       ________________________
Signature of Lesson Recipient       Date       Phone Number

Please return to Jerron Pearson by fax: 617-552-8786, or by mail: 140 Commonwealth Ave, BC, Chestnut Hill, MA 02467
Award/Banquet Prior Approval Form

Due to Compliance 10 Days Prior to Banquet.

Sport: ___________________________ Banquet Date: ________________ Location: ____________________________________________

☐ NO BANQUET

If no banquet is held and if no awards are given, this form must be submitted to Compliance stating “No Banquet” and/or “No Awards”.

Payment (BC Funding Source): ___________________________ Guests: Boosters/ PSA / Alumni / Parents

Entrance Fee: Yes No To Whom (Please provide list): ___________________________ Amount: ________________

Transportation for Student-Athletes: Yes No

Banquet Souvenirs: (please do not list your awards in this section. List mementos to all parents, alumni, etc. . . .)

_________________________ ___________________________ ___________________________ ___________________________

Underclassmen Participation Awards ($225 total value per SA)

Receipt: Recipient: Gift Description: Value:

N/A ____________________________________________ All Sports Banquet $7

Senior Participation Awards ($425 total value per SA)

Receipt: Recipient: Gift Description: Value:

N/A ____________________________________________ SR Letter Winners $36

N/A ____________________________________________ All Sports Banquet $7

Parents of senior student-athletes:

According to Bylaw 16.6.1.6., An institution may provide complimentary admissions to an institutional awards banquet for the family members of any student-athlete is being honored at the banquet

Parent/Legal Guardian: Reason:

_________________________________________ ____________________________

_________________________________________ ____________________________

Attachment M-6 BC Compliance Office 07/16
### Attainment Awards ($175 total value per award)

<table>
<thead>
<tr>
<th>Receipt:</th>
<th>Recipient:</th>
<th>Gift Description:</th>
<th>Value:</th>
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**SIGNATURES**

- Coach’s Signature: ____________________________ Date: ____________
- Compliance Approval: ____________________________ Date: ____________
- Business Approval: ____________________________ Date: ____________
In accordance with NCAA Bylaw 12.5.1.1, Institutional, Charitable, Educational, or Nonprofit Promotions, a member institution or recognized entity thereof (e.g., fraternity, sorority, or student government organization), a member conference, or a non-institutional charitable, educational, or nonprofit agency may use a student-athlete’s name, picture, or appearance to support its charitable or educational activities or to support activities considered incidental to the student-athlete’s participation in intercollegiate athletics, provided the following conditions are met:

- The student-athlete receives written approval to participate from the director of athletics (or his or her designee who may not be a coaching staff member), subject to the limitations on participants in such activities as set forth in Bylaw 17;
- The specific activity or project in which the student-athlete participates does not involve co-sponsorship, advertisement, or promotion by a commercial agency other than through the reproduction of the sponsoring company’s officially registered regular trademark or logo on printed materials such as pictures, posters, or calendars. The company’s emblem, name, address, and telephone number may be included with the trademark or logo. Personal names, messages, and slogans (other than an officially registered trademark) are prohibited;
- The name or picture of a student-athlete with remaining eligibility may not appear on an institution’s printed promotional item (e.g., poster, calendar) that includes a reproduction of a product with which a commercial entity is associated if the commercial entity’s officially registered regular trademark or logo also appears on the item;
- The student-athlete does not miss class;
- All moneys derived from the activity or project go directly to the member institution, member conference, or the charitable, educational, or nonprofit agency;
- The student-athlete may accept legitimate and normal expenses from the member institution, member conference, or the charitable, educational, or nonprofit agency related to participation in such activity;
- The student-athlete’s name, picture, or appearance is not utilized to promote the commercial ventures of any nonprofit agency;
- Any commercial items with names or pictures of student-athletes (other than highlight films or media guides per 12.5.1.8) may be sold only at the member institution at which the student-athlete is enrolled, institutionally controlled (owned and operated) outlets, or outlets controlled by the charitable or educational organization (e.g., location of the educational or charitable organization, site of charitable event during the event); and
- The student-athlete and an authorized representative of the charitable, educational, or nonprofit agency sign a release statement ensuring that the student-athlete’s name, image, or appearance is used in a manner consistent with the requirements of this section.

As a student-athlete at Boston College, I hereby give my permission to the Boston College Athletics Department and other charitable, educational or non-profit agencies authorized by the Boston College Athletics Department to use my name or picture on promotional materials and my appearance at promotional activities, so long as my name, image or appearance is used in a manner consistent with the requirements of NCAA Bylaw 12.5.1.1 as set forth above.

Student-Athlete’s Signature 

Date

Attachment M-7

BC Compliance 07/16
Fundraising Donation Request Form

Name of Sponsoring Agency: ________________________________________________________________

Agency Description:  ___ Charitable   ___ Educational  ___ Institutional (BC)            ___ Other

Date of Event: ______________ Time of Event: _____________ Location of Event: __________________

Describe event (attach flyer if available) and explain who will receive the item or proceeds raised from the item (include age and grade level):

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Name of contact person:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Phone Number: ___________________________ Email Address: ___________________________________

Address (street, city, state, zip code):___________________________________________________________

Mailing Address if different from contact person’s address:_________________________________________

Request for Donated Tickets:   ____ Football   ____ Basketball   ____ Hockey

Answer the following questions and sign below:

___ Yes ___ No 1. Is this a fundraising event?

___ Yes ___ No 2. Will the funds raised from the event directly or indirectly benefit any student that has entered ninth grade regardless of athletic participation? If yes, BC may not participate. If no, explain the use of funds___________________________________________________

___ Yes ___ No 3. Will the event involve students who have started the ninth grade? If yes, please explain:________________________________________________________________________

___ Yes ___ No 4. Is the event within a 50-mile radius of Boston College?

The NCAA prohibits any group from utilizing the name, likeness or picture of an individual student-athlete for any promotional activity.

I certify that I have read this form and the provisions of NCAA Bylaw 12.5.1.1 (below) in its entirety and agree to the required terms and conditions.

Title:12.5.1.1 – Institutional, Charitable, Education or Nonprofit Promotions

A member institution or recognized entity thereof (e.g., fraternity, sorority or student government organization), a member conference or a non-institutional charitable, educational or nonprofit agency may use a student-athlete’s name, picture of appearance to support its charitable or educational activities or to support activities considered incidental to the student-athlete’s participation in intercollegiate athletics.

Compliance Signature: ___________________________________________ Date: _________________

Authorized Representative’s Signature: ___________________________________________ Date: _________________
# Boston College’s Agent Registration Form

(THIS FORM MUST BE COMPLETED IN ITS ENTIRETY)

## General Information (Print or Type)

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle)</th>
<th>Date of Birth</th>
<th>Cellular Phone</th>
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</table>

## Business Information

<table>
<thead>
<tr>
<th>Name of Firm or Agency</th>
<th>Address</th>
<th>City, State, Zip Code</th>
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<table>
<thead>
<tr>
<th>Business Phone #</th>
<th>Website Address</th>
<th>Business Fax #</th>
<th>E-Mail Address</th>
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## Please List the Names and Sports of Any Current Boston College Student-Athlete(s) You Want to Contact in the Next Year.

<table>
<thead>
<tr>
<th>Player Name</th>
<th>Phone Number</th>
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## Education

### High School

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<th>Name</th>
<th>Year of Graduation</th>
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### College

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<th>Name</th>
<th>Year of Graduation</th>
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### Graduate/Legal

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<th>Year of Graduation</th>
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<th>Admitted to the Bar?</th>
<th>Y</th>
<th>N</th>
<th>Year of Graduation</th>
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## Experience

### Number of Years Experience as a Player-Agent:

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<tr>
<th>Sport</th>
<th>Number of Athletes Represented:</th>
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## Please Provide the Names and Telephone Numbers of Five Athletes Whom You Previously Represented or Currently Represent and Whom May Be Contacted by the Boston College Compliance Office, Boston College Student-Athletes, or Designees Representing a Student-Athlete’s Family.

<table>
<thead>
<tr>
<th>Player Name</th>
<th>Phone Number</th>
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7. List the names of at least 10 athletes (or all clients, if fewer than 10) you previously or currently represent, and, in team sports, the team/league to which each athlete is currently under contract and name of team representative with whom you negotiated this contract. Write “none” if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide information for at least five clients (athletes) in each sport. Use additional sheets if necessary. Feel free to attach a document that includes this information.

<table>
<thead>
<tr>
<th>Player Name</th>
<th>Team/League</th>
<th>Team Representative</th>
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Do you also represent coaches in the league?

Yes ☐ No ☐

8. Do you have any runners working for you? If so, please identify them below as well as their fee arrangement. Are they employees of your organization or contractors? Who typically makes the first contact with the prospective athlete—you or a runner? Feel free to attach a document that includes this information.

<table>
<thead>
<tr>
<th>Runner Name</th>
<th>Employee or Contractor</th>
<th>First Contact</th>
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9. Other Qualifications

Current membership in professional organizations:

Occupational or professional licenses (i.e., Certified Public Accountant, Chartered Life Underwriter, etc.), state or issuance and date obtained:

Are you currently certified by the NFLPA?

Yes ☐ No ☐ Years certified: ☐

Are you currently certified by the NBPA?

Yes ☐ No ☐ Years certified: ☐

Are you currently certified by the MLBPA?

Yes ☐ No ☐ Years certified: ☐

Are you currently certified by the NHLPA?

Yes ☐ No ☐ Years certified: ☐

Have you ever been disciplined by any of these associations? If yes, please explain.

Please provide a copy of the valid registration certificate for each of the associations above in which you are certified. Attach and submit with this form.

10. Professional Services—General Services performed for client-athletes (check those that apply and indicate fee charged):

<table>
<thead>
<tr>
<th>Playing Contract Negotiations</th>
<th>Endorsement Contract Negotiations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐ Hourly fee or percentage:</td>
<td>Yes ☐ No ☐ Hourly fee or percentage:</td>
</tr>
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</table>

Legal Assistance:

<table>
<thead>
<tr>
<th>Tax Consulting</th>
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<tbody>
<tr>
<td>Yes ☐ No ☐ Hourly fee or percentage:</td>
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Financial Planning:

<table>
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<tr>
<th>Money Management</th>
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<tbody>
<tr>
<td>Yes ☐ No ☐ Hourly fee or percentage:</td>
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| Other (please explain): | |
|-------------------------|
11. FOR THE SERVICES YOU PERFORM FOR CLIENT ATHLETES, LIST THE NAMES AND ADDRESSES OF INDIVIDUALS, FIRMS OR AGENCIES THAT ASSIST IN PROVIDING THESE SERVICES (USE ADDITIONAL SHEETS IF NECESSARY):

<table>
<thead>
<tr>
<th>Name</th>
<th>Firm/Agency</th>
<th>Address</th>
<th>Services Provided</th>
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Do you receive a fee/kickback from the agency used to assist you in providing these services? If yes, please explain.

Yes [ ] No [ ]

If yes, do you charge the athlete for additional services?

Yes [ ] No [ ]

Does the athlete sign any additional agreements to cover these additional services?

Yes [ ] No [ ]

Do you handle players’ funds? If yes, please provide details as to the amount of the bond, the name and address of the surety of the bonding company, etc?

Yes [ ] No [ ]

In receiving compensation for contract negotiations services, do you receive payment “up front” or are your payments received as the player is compensated?

Yes [ ] No [ ]

12. ADDITIONAL INFORMATION

Do you limit the number of clients you will represent? If yes, please explain.

Yes [ ] No [ ]

Do you earn income from work performed in some capacity other than as a player-agent? If yes, describe other occupation(s) or service(s) for which you are paid?

Yes [ ] No [ ]

Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined or disqualified as an attorney, as a member of any other profession, or as a holder of any public office? If yes, please describe each action, the dates of the occurrence, and the names and addresses of the authority imposing the action in question.

Yes [ ] No [ ]

Have you ever been convicted or pleaded guilty to a criminal charge, other than minor traffic violations? If yes, please indicate the nature of offense, date of conviction, criminal authority involved, and punishment assessed.

Yes [ ] No [ ]

13. PREVIOUS EMPLOYMENT (LAST TWO POSITIONS AND DATES OF EMPLOYMENT)

Firm or Agency:

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<th>Position</th>
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Address:

Firm/Agency:

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<th>Position</th>
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Address:
14. REFERENCES (NON-CLIENT)

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<th>NAME &amp; POSITION</th>
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15. VERIFICATION STATEMENT (PLEASE READ CAREFULLY AND SIGN):

I certify that the above information is true, accurate, and complete to the best of my knowledge. Further, I certify that I will notify the Boston College Athletic Compliance Office, before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled at Boston College. I also reviewed the Boston College Program for Agents/Financial Advisors, a current copy of which has been provided to me along with this registration form, as well as the Summary of NCAA Regulations and Other Amateurism Provisions, and have not engaged in any activity that would jeopardize the eligibility of any Boston College student-athlete. I understand that failure to comply with the terms of this certification and the applicable NCAA legislation may result in the initiation of legal proceedings by Boston College against me and the assessment of civil penalties upon me.

SIGNATURE:_________________________________________________________ DATE:___________________________

Please Return via email, fax or mail to: Boston College Athletics
140 Commonwealth Ave.
308 Conte Forum
Chestnut Hill, MA 02467
617-552-4518
617-552-8786 fax
reyesya@bc.edu
BOSTON COLLEGE’S AGENT RENEWAL FORM
(THESE FORM MUST BE COMPLETED IN ITS ENTIRETY)

1. GENERAL INFORMATION (PRINT OR TYPE)

<table>
<thead>
<tr>
<th>FULL NAME (LAST, FIRST, MIDDLE)</th>
<th>DATE OF BIRTH</th>
<th>CELLULAR PHONE</th>
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2. BUSINESS INFORMATION

<table>
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<tr>
<th>NAME OF FIRM OR AGENCY</th>
<th>ADDRESS</th>
<th>CITY, STATE, ZIP CODE</th>
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<tr>
<th>BUSINESS PHONE #</th>
<th>WEBSITE ADDRESS</th>
<th>BUSINESS FAX #</th>
<th>E-MAIL ADDRESS</th>
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3. PLEASE LIST THE NAMES AND SPORTS OF ANY CURRENT BOSTON COLLEGE STUDENT-ATHLETE(S) YOU WANT TO CONTACT IN THE NEXT YEAR.

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<tr>
<th>NAME</th>
<th>SPORT</th>
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4. LIST ANY ADDITIONAL ATHLETES THAT YOU ARE NOW REPRESENTING SINCE YOUR LAST DATE OF AGENT REGISTRATION OR RENEWAL.

<table>
<thead>
<tr>
<th>PLAYER NAME</th>
<th>TEAM/LEAGUE</th>
<th>TEAM REPRESENTATIVE</th>
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5. OTHER QUALIFICATIONS

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<tr>
<th>ARE YOU CURRENTLY CERTIFIED BY THE NFLPA?</th>
<th>YES □ No □ YEARS CERTIFIED:</th>
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<tbody>
<tr>
<td>ARE YOU CURRENTLY CERTIFIED BY THE NBPA?</td>
<td>YES □ No □ YEARS CERTIFIED:</td>
</tr>
<tr>
<td>ARE YOU CURRENTLY CERTIFIED BY THE MLBPA?</td>
<td>YES □ No □ YEARS CERTIFIED:</td>
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<tr>
<td>ARE YOU CURRENTLY CERTIFIED BY THE NHLPA?</td>
<td>YES □ No □ YEARS CERTIFIED:</td>
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HAVE YOU EVER BEEN DISCIPLINED BY ANY OF THESE ASSOCIATIONS? IF YES, PLEASE EXPLAIN.

6. ADDITIONAL INFORMATION


HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO A CRIMINAL CHARGE, OTHER THAN MINOR TRAFFIC VIOLATIONS? IF YES, PLEASE INDICATE THE NATURE OF OFFENSE, DATE OF CONVICTION, CRIMINAL AUTHORITY INVOLVED, AND PUNISHMENT ASSESSED.

<table>
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<th>YES □ No □</th>
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7. VERIFICATION STATEMENT (PLEASE READ CAREFULLY AND SIGN):

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. FURTHER, I CERTIFY THAT I WILL NOTIFY THE BOSTON COLLEGE ATHLETIC COMPLIANCE OFFICE, BEFORE THE FIRST CONTACT WITH A STUDENT-ATHLETE WHO HAS ELIGIBILITY REMAINING IN ANY SPORT AND IS ENROLLED AT BOSTON COLLEGE. I ALSO REVIEWED THE BOSTON COLLEGE PROGRAM FOR AGENTS/FINANCIAL ADVISORS, A CURRENT COPY OF WHICH HAS BEEN PROVIDED TO ME ALONG WITH THIS REGISTRATION FORM, AS WELL AS THE SUMMARY OF NCAA REGULATIONS AND OTHER AMATEURISM PROVISIONS, AND HAVE NOT ENGAGED IN ANY ACTIVITY THAT WOULD JEOPARDIZE THE ELIGIBILITY OF ANY BOSTON COLLEGE STUDENT-ATHLETE. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE TERMS OF THIS CERTIFICATION AND THE APPLICABLE NCAA LEGISLATION MAY RESULT IN THE INITIATION OF LEGAL PROCEEDINGS BY BOSTON COLLEGE AGAINST ME AND THE ASSESSMENT OF CIVIL PENALTIES UPON ME.

SIGNATURE: ___________________________ DATE: ___________________________

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