

The University of Georgia Athletic Association
SCHOLARSHIP CHECKLIST

SPORT _____ Recruiting Coach _____ Men's _____ Women's _____

Name (Last/First/Middle): _____ Name Called: _____

Permanent Address _____

City/State/Zip _____

Phone _____ High School _____

E-mail _____ Birth date _____

Is this student a transfer student? Yes No School type: 2 yr. 4 yr.

Name of previous college(s) _____

Has Glada's office evaluated a transcript for this student? Yes No
If no, please contact her immediately!

Has this student applied for admission to UGA? Yes No

SCHOLARSHIP AWARD

Residency Status: _____ In-State _____ Out-of-State Multi-Year Award: Yes No
If yes # of years:

_____ Full Grant-In-Aid Equivalency (check below):

_____ Percentage Equivalency _____ In-state Tuition & Fees
_____ \$ Amount _____ Out-of-State Fees
_____ Board (select meal plan below)
_____ Books
_____ Cost of Attendance

On/Off Campus(choose one): ON OFF Meal Plan (choose one): 5-day 7-day

SPECIAL INSTRUCTIONS _____

Signed (Head Coach Only) Date Submitted

Signed (Sport Administrator) Date

Send form to **SPORT ADMINSTRATOR** who will forward to **Rhonda Kilpatrick** once signature has been obtained.