

The University of Georgia Athletic Association
2023 SCHOLARSHIP CHECKLIST

DocuSign

check for yes

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

Name _____
Last First Middle (Name called)

Phone _____ High School _____

E-mail _____ Birth date _____

Parent/Guardian Name and Email _____

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

Name of previous college(s) _____

Did this student sign any scholarship papers with a previous institution? 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):

*Designate any award amounts
in the instructions section below if it
changes within the multi-year award
period.

_____ Percentage Equivalency

_____ In-state Tuition & Fees

_____ Out-of-State Fees

_____ \$ Amount

_____ Room (indicate On/Off campus below)

_____ Board (meals)

_____ Books

_____ Miscellaneous Expense

On/Off Campus(choose one): ON ___ OFF ___

SPECIAL INSTRUCTIONS: _____

Signed (Head Coach Only)

Date Submitted

Signed (Sport Administrator)

Date

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

INTERNAL USE ONLY: Transfer Y/N Date of Transfer Notification _____