



### **Athletics Student Services**

115 Gerdin Athletics Learning Center  
Iowa City, Iowa 52242-2003  
Info./Appts. 319-335-9384  
Fax 319-335-9706

## **Athletic Aid Request 2018-2019**

Fifth year students who have exhausted their eligibility, students who cannot compete due to injury, or student assistant workers for sports teams must request athletic aid. Students must adhere to the following guidelines and submit the attached form on or before May 1<sup>st</sup> each year. Aid is not guaranteed and is subject to review each term.

### **Volunteer Work Experience (5<sup>th</sup> year or medical non-counter only)**

Students are assigned to a volunteer work experience to earn their athletic aid. Approved work experiences include the following:

- Teaching Practicum
- Internship Experience (degree requirement or practical work experience)
- Work with a designated sports team
- Student-Athlete Academic Services
  - Senior Series
    - Plan senior focus group calendar in consultation with Academic Services staff
    - Outline senior focus group goals
    - Meet weekly with academic services staff to discuss goal progress
    - Actively recruit student-athletes to participate in senior focus groups
    - Attend Senior Night event in September
    - Attend Graduate and Professional School Fair event
    - Assist with the collection of resumes for Polk County I-Club Banquet
    - Assist with resume prep nights
    - Assist with Polk County Banquet prep night
  - Front desk duties as assigned
  - Special projects as assigned

### **Hours (hours are approximate)**

- |                         |                         |
|-------------------------|-------------------------|
| • Teaching Practicum    | Up to 40 hours per week |
| • Internship Experience | Up to 20 hours per week |
| • Work with sports team | 15-40 hours per week    |
| • Academic Services     | Up to 20 hours per week |

### **Academic Progress Clause**

All students on 5<sup>th</sup> year or medical aid are required to meet or discuss their academic progress on a monthly basis with their assigned Academic Coordinator. Students who have a 2.4 gpa or below will be subject to required structured study hours (refer to Student-Athlete Handbook). At the end of the fall term, a student's academic progress will be reviewed by the Student-Athlete Academic Services Office. Any student who does not meet minimum NCAA/Big Ten/Institutional progress toward degree guidelines may have their aid revoked at semester.

**5<sup>th</sup> Year/ Medical / Student Assistant  
Aid Request Form  
2018-2019**

**Part A: (To be completed by the Student-Athlete)**

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Major: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ UID: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_ Are you receiving non-athletic aid? Yes \_\_\_ No \_\_\_

Applied for Graduation: Yes \_\_\_ No \_\_\_ If yes, list amount \_\_\_\_\_

Will you be enrolled less than full-time: Yes \_\_\_ No \_\_\_

(If applicable)

Graduated and accepted as a full-time degree seeking student in a graduate program of study: Yes \_\_\_ No \_\_\_

Graduate Program: \_\_\_\_\_

2018-2019 Academic Year (\*Submit a plan of study signed by your college or major advisor with this form)

**Fall Courses: Hrs:      Spring Courses: Hrs:      Summer Courses: Hrs:**


\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date:

The above student-athlete is requesting aid for the following academic term(s):

\*Check all that apply

Fall

Comments: \_\_\_\_\_

Spring

\_\_\_\_\_

Summer

% of Grant-In-Aid Requested: \_\_\_\_\_

Books: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Director, Student-Athlete Academic Services

\_\_\_\_\_  
Date

**Part B: (To be completed by the Compliance Office)**

Student is eligible to receive aid for the following terms:

Fall

Spring

Summer

Signed Tender on File: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

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Compliance Signature \_\_\_\_\_

\_\_\_\_\_ Date

**Part C: (To be completed by the Head Coach)**

I support this student's request for aid

I do not support this student's request for aid

Comments:

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Head Coach Signature \_\_\_\_\_

\_\_\_\_\_ Date

*[Upon completion of this section, the application should be returned to the Academic Services Office]*

**Part D: (To be completed by the Sport Administrator)**

I support this student's request for aid

I do not support this student's request for aid

Comments:

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\_\_\_\_\_ Sport Administrator Signature

\_\_\_\_\_ Date