



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 2017-2018

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 1st each year. Aid is not guaranteed and is subject to review each term.

Volunteer Work Experience (5th 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 5th 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.

**5th Year/ Medical / Student Assistant
Aid Request Form
2017-2018**

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: _____

2017-2018 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:

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:

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:

_____ Sport Administrator Signature

_____ Date