

→ 1151 N. State St. → Elgin, Illinois 60123 → (847) 628-1580 → Fax (847) 628-1591 → www.judsoneagles.com

Athletic Scholarship Agreement

Copies will Received by Financial Se		t-Athlete, Head Coac	h, Athletic Direct Date:	tor, Athletic	Training, Financial Services	
Name:		Phone:				
Address:		Cell Phone:			Email:	
Eligibility: Transfer	Freshman Ret	urning	Housing:	Dorm	Off-Campus	
Comments <u>:</u>						
be given for the fall semes	ter,, and the spring	g semester,, and	will not exceed n	nore than on	greement is a financial aid av e academic year. This schola ntract or in an addenda to this	rship award
Sc	nolarship Amount: S	5	_ Sport:			
considered seconda In the case of an att or trainer will decide If the length of time as he or she fulfills By my signature, I, This scholarship agree and my head coach. This scholarship is term the scholarship is term account or be immedia My responsibility will be completion of the finan in the University catalo incomplete financial aid If I fail to meet the acad void if not signed and r ANY VERBAL OR IMPL	ary to all other insurance of alletic injury, the scholarsh if an athlete is unable to that is required for an athlete in duties assigned by the second of the allete in a sec	coverage through the p ip will still be intact as I participate. Ilete's degree exceeds he Judson University A THE AGRI ereby accept the terms if I fail to abide by the rove reasons, I may be I must make arrangementary. Expenses not covered I was a many and the prior to August ty will be due and payary admissions requirementary. NOT SPECIFICALLY	arents under which ong as normal protection on the length of eligithletic Department of the scholarshipules, requirement on the action of the scholarshipules, requirement on the department of the scholarshipules with the head of the scholarshipules at the time of the University, SCHOLARSHIPUT on the scholarshipules of the University of the Univ	ch the studer ogression to bility, an athlat. ————————————————————————————————————	wards a degree occurs. The etic scholarship maybe be aw	the NAIA, tance abuse. ester in which ayment of my nat ures set forth iid due to I aid office. d be null and
Dated this of						
						_
Student			Direct	tor of Financi	al Aid	
Parent or Guardian			Head	Coach		_
				on University	pproval Signature	_