



## SCHOLARSHIP ADJUSTMENT FORM

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

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

Student-Athlete Name: \_\_\_\_\_ Classification \_\_\_\_\_

INCREASE \_\_\_\_\_ REDUCTION \_\_\_\_\_ CANCELLATION \_\_\_\_\_

Present Scholarship (if any): \_\_\_\_\_

Proposed Scholarship: \_\_\_\_\_

If increase, period of the new award: \_\_\_\_\_

Reason for Adjustment:

Coach's Signature: \_\_\_\_\_

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

Supervisor Approval: \_\_\_\_\_

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

Compliance Approval: \_\_\_\_\_

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

Director of Athletics Approval: \_\_\_\_\_

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