



STUDENT ASSISTANCE FUND APPLICATION

Date: _____

Student-Athlete: _____

Please hold check for PICK-UP
(Contact Carol Anne Sowell at
sowellca@wfu.edu)

Sport: _____

WFU ID #: _____

Direct Deposit

Is this student a citizen or a permanent resident of the United States? Yes _____ No _____

Amount Requested: \$ _____

Check Made Payable To: _____

Category:

Reason:

- Educational
- Health
- Personal/Family
 - ACC Card– FALL
 - ACC Card– SPRING
- Academic/Programming Enhancements

SIGNATURES

Student-Athlete: _____

Sports Medicine (if applicable): _____

Academic Counseling (if applicable): _____

Compliance: _____

Director of Athletics/Senior Associate AD: _____

Finance: _____

Grant Accounting Manager: _____

Compliance Use Only:		SAOF Subcategory _____	PELL (Y/N) _____	If no, EFC _____
SAOF Account #: RG0498-700001–	56513 (medical)			
	56526 (academic)			
	56527 (disc)	Activity Code _____		
	54010 (travel)			