

APPENDIX C

**PSGB Student-Athlete Awards Program
FOLLOW-UP FORM**



SECTION A - TO BE COMPLETED BY THE UNIVERSITY (one follow-up per CIS sport)

University Name: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Sport: _____

Academic Year: _____

Total # of Student-Athlete Award Recipients: _____ Gender: # Female _____ # Male _____

PSGB SAAP Grant Amt: \$ _____ Total Expenditures: \$ _____ Money Return Owing: \$ _____

Follow-up Report Requirements (please attach the following):

- A final list of the Student-Athlete Award recipients and the amount accredited to the student-athlete's tuition account.

The information presented in this follow-up is true and correct.

University Dean Signature

Date

SECTION B - TO BE COMPLETED BY THE PROVINCIAL SPORT GOVERNING BODY

PSGB Name: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

The full payment of grant support was/will be forwarded to each applicable university by: _____
(Date)

The total revenues and expenditures for both grant programs have been/will be identified as a separate line item within the PSGB's audited financial statement: Yes No

On behalf of our organization, the information presented in this follow-up has been reviewed and the terms and conditions of the guidelines have been adhered to.

PSGB Signing Authority

Date