

PSO STUDENT-ATHLETE AWARDS PROGRAM FOLLOW-UP FORM

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

University Name:			
Contact Person:			
Position:			
Phone:		Email:	
Sport:			

PSO STUDENT-ATHLETE AWARDS			
Total Number of Student-Athlete Award Recipients:			
Gender:	# Female:		# Male:
PSO SAAP Grant Amount:	\$		
Total Expenditures:	\$		
Total 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 ORGANIZATION

PSO Name:			
Contact Person:			
Position:			
Phone:		Email:	
Grant Period:		Grant #:	

The full payment of grant support was/will be forwarded to each applicable university on:		
The total revenues and expenditures for both grant programs have been/will be identified as a separate line item within the PSO'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.

PSO Signing Authority Date