



GADSDEN STATE
COMMUNITY COLLEGE

Athletic Department

P. O. Box 227 • Gadsden, Alabama 35902-0227 • www.GadsdenState.edu/GoCardinals

Congratulations! You have committed to be a Gadsden State Community College Cardinal! Please read the attached packet of letters and complete the following forms:

- Signee Information Form
- Athletic Scholarship Guidelines
- Student Information/Emergency Contact/Insurance Form
- Insurance Information
- Consent to Drug Test
- Consent to Participate for Student/Athletes at Gadsden State
- Waiver and Release Agreement
- NJCAA Eligibility Affidavit for Gadsden State
- FERPA Release
- HIPPA Release
- Athletic Training Room Policy

Also, we must have an **official high school transcript** that shows graduation date on file. This is **REQUIRED**. Please notify your high school to send a transcript after graduation. If you have already graduated, please go ahead and request transcripts from your high school. An **official** copy must be sent to the [Registrar's Office](#) and an **official** copy also needs to be sent to the Athletic Department at the address below. If you have attended **college (including dual enrollment), we must have an official college transcript on file in Admissions and an official copy sent to the Athletic Department. These official high school and official college transcripts must be received by July 1.**

Please return the completed forms to:

Athletic Department
Gadsden State Community College
P.O. Box 227
Gadsden, AL 35902-0227

We appreciate your promptness in completing and returning these forms with your signed Letter of Intent (LOI); however, if that is not possible, please mail **within 7 days** from signing your LOI. If you have any questions or problems, please contact your coach promptly.

NOTE: Athletic Orientation is **MANDATORY** for all athletes and managers and optional for family members. Your coach will communicate when this day and time will be.

Thanks for your help,



Letter of Intent (Scholarship) Instructions

1. Coach completes SIGNEE FORM.
2. It is the responsibility of the coach to be sure that the student is eligible prior to beginning the process. If in doubt, see the Athletic Director or Administrative Assistant. Be sure that the information given is legible. An incorrect email address or misspelling will hinder this process.
3. AD or Administrative Assistant will enter the LOI
4. LOI will be sent to the AD for his signature and approval
5. LOI will then be sent to the VP for her signature and approval
6. LOI will then be sent to the parent for their signature and approval
7. LOI will then be sent to the student for their signature and approval
8. Until all signatures are received, the document is not complete
9. AD will receive copy emailed to him when complete

IMPORTANT: The LOI will expire if not signed by the student and parent within 14 days of being issued. The student may still have the email and be able to sign but if after 14 days, it will be invalid. It is up to the coach to follow-up with the student to be sure it is completed within the 14-day timeframe.

In addition to the packet, a copy of the student's insurance card along with any college transcripts must be received in the Athletic Department. This is all required to complete the student's file. An official high school transcript is also required so be sure that you tell all incoming freshmen to have their high school send their official high school transcript to Gadsden State as soon as they graduate.

TRANSFERS – If you have a student that is a transfer, previously attended college anywhere or has any special circumstances, then eligibility **MUST** be determined prior to submitting a SIGNEE FORM. This is regardless of whether or not they have been a student athlete in the past.

When talking to potential athletes, it's important to tell them the following:

- They must be in an AS or AAS degree program at Gadsden State. They cannot take certificate programs if they plan on playing at the 4-year level. If they are interested in a specific program such as nursing, radiology or classes that require clinicals, you need to discuss this prior to signing since clinicals will conflict with matches/practice times. We will work with them as much as we can so they can take those preferred majors.
- **The scholarship will not pay for REPEAT classes.**
- Students who plan on living in the dorm must complete the application and pay the dorm deposit of \$200, the sooner the better to hold their place (recommend by July 1).
- All students should complete the [FASFA](#) (federal student financial aid) by June 1. This will allow them time to get any issues or documentation required so that there are no issues when they arrive on campus.

Steps after completed LOI is received:

Once you receive the completed LOI back, the AD will email a copy to you.

Forward AD's email to the Scholarship Coordinator with description of what you are attaching: Ex: Mike Smith, WBB. If it's a new athlete (freshman), also include the name of the student's high school so the Scholarship Coordinator will know this is a new student and that they will need a certificate for recognition at the awards day at their high school.



GADSDEN STATE COMMUNITY COLLEGE ATHLETIC SCHOLARSHIP GUIDELINES

1. The number of Athletic Scholarships to be awarded by the Athletic Department at Gadsden State will not exceed the allowed number set by the NJCAA and allocation by the State Board of Education.
2. The terms of the scholarship are as follows.
 - Scholarship will include tuition and/or book loan only (no other stipends or payments for room/board are allowed). Each scholarship is per the agreement between the coach and student athlete and can vary between student athletes.
 - Scholarship is void if student quits team, becomes academically ineligible per NJCAA bylaws, or is dismissed from team due to inappropriate behavior as outlined in the handbook and guidelines
 - Student will be financially responsible for books, uniforms and equipment not returned
 - Student-athlete will adhere to the Alabama Community College Conference Drug Education and Testing Policy
3. The number of credit hours that may be provided by the scholarship to any athlete may be limited to the Fall and/or Spring semester. With approval, additional hours may be granted to a scholarship and for NJCAA hardship status for injury/illness. **Each scholarship issued is per the agreement between the Gadsden State Athletic Department and the student athlete. The Letter of Intent (LOI) will give the specifics of each scholarship.**
4. Athletic scholarships will not be given for any term in which the student does not meet NJCAA eligibility requirements. A student-athlete who fails to meet the criteria of his/her scholarship, will not receive a probationary status — that is, the scholarship may be terminated.
5. Each semester the college drops students from classes for non-attendance. If this happens and a student falls below full-time status, they are ineligible. All student athletes MUST be full-time. If a student athlete is dropped for non-attendance, student athlete will be removed from the Scholarship using the NJCAA Release Agreement for the following term. The Financial Aid Scholarship Office will remove the scholarship upon receipt of the Release Agreement.
6. Athletes will be removed from the scholarship using the NJCAA Release Agreement. The Financial Aid/Scholarship Office will remove the scholarship upon receipt of the Release Agreement.
7. If a student-athlete owes funds once he/she is removed from an Athletic Scholarship, the Athletic Department will notify the Financial Aid/Scholarship Office and the Business Office of outstanding charges. The student-athlete will be responsible for paying any balance owed for tuition, books not returned or uniforms not returned.
8. Managers will be required to meet the same credit hour and GPA requirements to keep their Athletic Scholarship as required by the NJCAA for athletic eligibility.
9. Athletic Scholarships will begin on August 1, the official start date of the Letter of Intent (NJCAA on-line form) for new athletes. A new student athlete who is required to take summer classes will be financially responsible for payment.
10. A student athlete must be a graduate of a high school with an academic diploma or general education diploma.
11. Books (if applicable) will not be issued until eligibility for the term is confirmed and books from the previous semester have been returned to the Athletic Department. Books are due when finals are complete.

12. Student-athletes are responsible for checking their ONEACCS dashboard to make sure any/all scholarships or financial aid are applied correctly.
13. Student-athletes must be full-time to be on scholarship during the Fall and Spring semester. If a student drops below full-time status, they will be ineligible and will be responsible for paying for their tuition.
14. Summer classes are only covered for critical need, when funding is available and when approved by the Athletic Director.
15. Student-athletes are responsible for providing accurate information as to previous colleges, breaks in enrollment, delays in enrollment, clubs, prep schools, employment, etc.
16. **No repeat classes will be covered by scholarship.**
17. Cancellation of an athletic scholarship/grant -in-aid, during the period of its effectiveness is permitted for the following reasons without an addendum:
 - If the student-athlete becomes ineligible for participation in athletics because of academic and/or disciplinary reasons.
 - For misconduct (unrelated to athletic ability) found by the person or body in charge of general discipline at the institution, after following the same procedures as in other disciplinary matters, to be serious enough to warrant permanent suspension or dismissal from the athletic program.
 - If the student-athlete voluntarily withdraws from a sport prior to the institutions first competition in that sport.
 - Graduation.
 - An athletic scholarship may be canceled based on the four reasons listed above and can be replaced at the next term, or at any term thereafter. A Release Agreement for the vacating student-athlete must be signed and submitted online with the NJCAA National Office at the time of replacement, and the new student-athlete's Letter of Intent must be electronically submitted via the NJCAA Online Letter of Intent system prior to any benefit being provided.
 - Cancellation/replacement must be at term, not mid-term. Student-athletes will have until the end of the subsequent academic year, in which they received the award, to dispute any scholarship.
18. All student-athletes must adhere to the ACCC drug testing and social media policies.

I have read and understand the above criteria when accepting my athletic scholarship.

Student-Athlete's Signature

Date

Parent/Legal Guardian Signature
(if athlete a minor)

Date



Student Information/Emergency Contact/Insurance Form

Academic Year _____

Student Full Name: _____

Sport: _____

Phone Number: _____

Date of Birth _____ Social Security # _____

Address _____

Parents/Guardians Name _____

Address _____

Dad Phone # _____ Mom Phone # _____

Additional Emergency Contact # _____ Relationship: _____

Father's Employer Name _____ Work # _____

Mother's Employer Name _____ Work # _____



Insurance Information

Student-Athlete Full Name: _____

Sport: _____

Student-Athlete Date of Birth (DOB): _____ SSN: _____

Policy Holder Name and DOB _____

Relationship to Student-Athlete _____

Insurance Company Name _____

Address _____

Phone Number _____ Policy/Group Number _____

Policy Holder's Name _____ ID Number _____

Effective Date of Policy _____ Expiration Date of Policy _____

Does this policy cover athletic-related injuries? _____

Your Primary Physician Name _____ Phone Number _____

Address _____

Authorization to Release Information

I/We certify that the foregoing information is true and correct. I/We authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information, to the Insurance Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. I further authorize release of this information to the GSCC Athletic Department staff for the purpose of validating and determining benefits payable. A photocopy of this authorization shall be valid as the original.

Parent/Guardian Signature

Date

Student/Athlete Signature

Date

Please attach a copy of your insurance card.



APPENDIX A

**ALABAMA COMMUNITY COLLEGE CONFERENCE
CONSENT TO DRUG TESTING
&
ACKNOWLEDGEMENT OF STUDENT-ATHLETE DRUG TESTING
POLICY**

I certify that I have received a copy of the Alabama Community College Conference Drug Education and Testing Policy for student-athletes, and I have read and understand the requirements of the policy and guidelines in order to participate in intercollegiate athletics, including parental notification requirements.

I understand that to participate in intercollegiate athletics (including athletic managers), I will be required to submit to mandatory drug testing. I agree to submit to specimen collections for purposes of analysis for drug use. I further agree and consent to the disclosure of the records and test results relating to this analysis to be released to ACCC Commissioner, the College's Athletic Director, Head Coach, and college President in order that my eligibility to participate in the athletic program can be determined.

My signature below further authorizes my institution to notify my parents and/or guardians of the results of my drug test, any sanctions that may or may not be placed on me in relation to the Drug Education and Testing Policy, or other issues relating to the Drug Education and Testing Policy.

Date

Student-athlete's Signature

Witnessed: Coach/Athletic Director

Student-athlete's Printed Name

Parent/Legal Guardian Signature
(If under 18 years of age)



Consent to Participate for Student/Athletes at Gadsden State

I give my permission and understand that the athletic trainer, coaching staff, team physician, administrators, or other school officials can use their own judgment in applying first aid until medical help becomes available, or to secure medical aid and ambulance service in case parents cannot be reached. I voluntarily accept their service on my behalf and grant permission for them to perform their necessary duties as described above.

Student-Athlete Full Name _____ Birth date _____ SS# _____

Phone number to reach parents during the day _____

Father's name: _____

Mother's Name: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Medications currently taking: _____

Known allergies: (including medications): _____

Medical conditions (diabetes, epilepsy, etc.): _____

Do you wear contact lenses/glasses? yes no

Any other medically-related condition that may affect emergency care? _____

I, _____ wish to participate in _____ at Gadsden State Community College, Gadsden, AL. I am aware that the very nature of athletic participation carries with it an inherent risk of injury. I understand that the dangers and risks of participating in athletics, whether in competition or preparing to compete, include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body and general health and well-being. In addition, I am aware that participation in intercollegiate athletics will involve traveling with the team, and that such traveling may expose me to the risks of a motor vehicle accident, as well as other conditions that result from traveling.

I also accept the responsibility in taking personal measures to help prevent injury to myself or other athletes by notifying the coaching staff, athletic trainer, administrators or other GSCC personnel of conditions that I am aware of that may predispose me or other athletes to an increased risk of injury resulting from athletic participation.

Having understood the risks of athletic participation and particularly the risk inherent in (your sport) _____ I voluntarily assume and accept these risks as they have been explained above.

Student's signature _____ Parent's signature _____

Date Signed : _____



WAIVER AND RELEASE AGREEMENT

I, _____ agree to participate in the Gadsden State Athletic Program. In consideration for being permitted to participate in the Program, I hereby agree and represent that:

- Gadsden State Community College strongly recommends that every person who participates in sports events have insurance coverage. I understand that a physical examination by a doctor is required, and I hereby release the College and the employees and agents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

I further agree:

- That it is my obligation to obtain the proper training before competition.
 - That it is my obligation to obtain a medical physical examination and a physician's clearance before undertaking physical activity in conjunction with the Program.
 - That it is my obligation to have any injuries I may suffer treated in a prompt manner.
 - That it is my obligation to report any injury to the Staff in a prompt manner.
 - That it is my obligation to be proactive in all situations to ensure a healthy and safe environment for my Program participation.
- I understand that, although the College has made every reasonable effort to assure my safety while participating in a sport that there are unavoidable risks in sports, and I hereby release the College or its employees or agents for any damages or injury (including death) caused by, deriving from, or associated with my participation in the sport.
 - I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of this agreement will remain in full force and effect.
 - I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the adviser, counselor, or attorney of my choice.
 - I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of the State of Alabama.

- This agreement represents my complete understanding with the College concerning the College's responsibility and liability for my participation in the sport program, supersedes any previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

- I represent that I am at least eighteen years of age or, if not, that I have secured below signature of my parent or guardian as well as my own.

I have read and agree to this liability waiver and release agreement.

Participant's Signature: _____

Signature of Participants Guardian (if under 18):

Date:



NJCAA Eligibility Affidavit for Gadsden State

Sport _____ Date _____

The information on this form must be accurate. This information is used to determine eligibility for the NJCAA.

Name _____ SS# _____

Address _____

Birth Date _____ Phone # _____

Name of Parents/Guardian _____ Phone _____

Address of Parents/Guardian _____

Are you a United States citizen or permanent resident? Yes _____ No _____

Do you have another type of VISA? Yes _____ No _____ If so, what type? _____

Do you have an I-20 form on file at this college? Yes _____ No _____

Name of high school you attended: _____

Address of high school: _____

Did you graduate? Yes _____ No _____ High school graduation date _____

Were you home schooled? Yes _____ No _____ Did you graduate? Yes _____ No _____

Check here if you have earned a GED _____ GED date earned: _____

Attach an official copy of your high school transcript or GED certificate. If you have not graduated but are currently in high school, we must have your official high school transcript by JUNE 15.

Have you taken any college course while in high school? Yes _____ No _____
If yes, from what college(s)? _____

If yes, attach official transcripts from all colleges previously attended.

Have you ever signed a Letter of Intent form with any institution? Yes _____ No _____

If yes, please specify the college _____ Date _____

Have you ever participated in a sport in a country other than the United States? Yes _____ No _____

Sport: _____ Country _____ Date _____

If yes, explain:

Have you ever been red-shirted for a season? Yes _____ No _____ If yes, list the dates of that season, name of college and describe the situation:

Have you ever participated in practices, scrimmages, and/or games for an intercollegiate team other than this college? Yes _____ No _____ If yes, name the school, date, sport and describe the situation:

Have you ever played on a club team at a college, university or prep school?

Yes _____ No _____ If yes, name the school, date, sport and describe the situation:

Do you currently play on any other sport teams (USAV, city recreational leagues, indoor soccer, AAU, PREP school teams, etc)? Yes _____ No _____ If yes, please provide the name of the team location and dates of participation:

Have you ever received money beyond expenses for participating in any athletic event?

Yes _____ No _____

Did anyone on your team receive money beyond expenses for participating in any athletic event?

Yes _____ No _____

If yes, describe the situation below and the NJCAA Amateurism Questionnaire should be completed and included with the eligibility file: _____

**LIST ALL COLLEGES ATTENDED FULL-TIME OR PART-TIME WHILE IN HIGH SCHOOL
OR AFTER HIGH SCHOOL**

Attach an official transcript of ALL colleges you have attended

College: _____ Dates attended: _____ Full-time or
part-time (circle one)

College: _____ Dates attended: _____ Full-time or
part-time (circle one)

College: _____ Dates attended: _____ Full-time or part-time (circle one)

College: _____ Dates attended: _____ Full-time or part-time (circle one)

Additional Explanation. If you attended college part-time or were not attending college for any period of time following your high school graduation, please explain and list dates. If you were employed or served in the military, please list those dates. If you were unemployed at any time, please list those dates. The NJCAA requires that you account for any time not enrolled full-time in college following graduation from high school. List months, years and include ALL information when referring to dates:

I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules and that my scholarship may be released.

Student Athlete Signature: _____ Date: _____

Parent if under age 18: _____ Date: _____

Coach: By signing below, I have done due diligence in checking/verifying the above information. I have researched the NJCAA website to be sure that there are NO current Letter of Intents for this student and I have talked with coaches and family that document what is listed above. I understand that falsified or omitted information can make the student ineligible for all future college competition. I certify that the above student is eligible based on the current NJCAA rule book.

Head Coach Signature: _____ Date: _____



Student Consent Form for Release of Educational Records and to Monitor Academic Progress (FERPA Release)

Print Name: _____ Student Number: A _____

I do hereby authorize Gadsden State Community College Athletic Department to release any or all of my educational records and other documents for eligibility purposes and audit purposes to the ACCC and NJCAA in accordance with FERPA while I am a student athlete at Gadsden State Community College. I also give my coach and the Athletic department permission to monitor my academic progress. This permission includes verifying grades and class attendance with my instructors during the time that I am a student athlete at Gadsden State Community College.

Student signature _____ Date: _____

Parent's signature (if under age 18): _____ Date: _____



HIPPA Authorization to Disclose Protected Medical/Health Information

Student's Name	Birth Date	GADSDEN STATE COMMUNITY COLLEGE
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1. I authorize medical providers to discuss, disclose and/or release information regarding my medical condition or medical history, to the following individuals:

- Administrative Assistant, Athletic Department**
- Athletic Director, Athletic Department**
- Athletic Trainer or Medical Designee**
- Coach, Athletic Department**

Name (s) of any other authorized person(s) list below:

Relationship

2. _____(Initials) I hereby authorize medical providers, Inc. to discuss, disclose, and/or release information necessary to process or respond to eligibility inquiries, coverage/benefit inquiries, claims inquiries, appeals, and Explanation of Benefits about my student health insurance coverage with respect to any injury or medical condition. I further acknowledge that the information discussed, disclosed and/or released may include individually identifiable health information about me.

3. _____(Initials) This authorization is being made at my request.

4. In signing this Authorization, I understand and acknowledge the following ***initial each in the space provided***:

_____(Initials) I understand that this Authorization is voluntary and that I may refuse to sign it.

_____(Initials) I understand that my refusal to sign this authorization will not affect my ability to obtain treatment, receive payment or eligibility for benefits unless allowed by law.

_____(Initials) I understand that I may revoke this Authorization at any time, by notifying GSCC Athletic in writing of my intent to revoke this Authorization, except to the extent that action has been taken in reliance on this authorization.

_____(Initials) I understand that, unless otherwise revoked, this Authorization will be effect.

_____(Initials) I understand that once the disclosures authorized herein have been made, the information disclosed may be subject to re-disclosure by any recipient and no longer protected by federal privacy laws.

_____ (Initials) I understand that any medical conditions or health issues that I have listed on my physical or Consent to Participate form will be shared with the Athletic Trainer, Coach and Athletic Staff.

I, the undersigned, do hereby affirm that I am the above-named student or dependent or an authorized legal representative. I have read and understand the above information.

_____ Date _____ Signature of Student _____ Student #

_____ Date _____ Signature of Parent/Guardian



Athletic Training Room Privacy Information

Student Athlete Name (print)

DOB

As a participant of Gadsden State Community Intercollegiate Athletics Program, I, undersigned student athlete do hereby authorize:

- The athletic training staff and the healthcare professionals charged with my care to share my medical information with each other for diagnosis and treatment purposes or with other professionals for educational purposes (i.e. comparison studies about injury/illness)
- The aforementioned persons to release and discuss with my parents any information due to an emergency, illness or injury
- The aforementioned persons as well as the athletic department's academic staff to release and discuss with my instructors medical information that may affect my class attendance and participation
- The aforementioned persons to release and discuss with my respective coaches medical information with the NCAA Athletic Conference for the purpose of petitioning for a hardship or exemption

This authorization applies to all medical records (including prescription information) maintained by Gadsden state Community College's Athletic Department, including but not limited to health histories, physician's notes, diagnostic testing results and/or laboratory test results.

I authorize the following regarding payment for services for any medically-related service that may affect my athletic participation:

- The athletic training staff and healthcare professionals charged with my care, including their business office and medical records departments to utilize, release and discuss any record necessary for the payment of services in which a claim has been filed on my behalf
- College officials to release and discuss with my primary insurance carrier as well as the college's excess insurance carrier and medical information needed to process such a claim
- The athletic training staff and other college officials, specifically the athletic department's business office and the college's accounts payable department, to utilize, release and discuss such medical information needed to process the payment of services in which the athletic department has authorized

I understand that once information is disclosed per my authorization, the information is subject to re-disclosure and may longer be protected. I understand that I can revoke this authorization with respect to any of the aforementioned persons at any time in writing including limiting the authorization of medical information at my discretion, but that authorization cannot be revoked for records already released in reliance upon this authorization. Also, I understand the Athletic Training Staff will provide a copy to this authorization for my records.

This authorization is good for the duration of my association with the Athletic Department of Gadsden State Community College or until revocation of this authorization in writing.

Student Athlete Signature

Date

Parent or Witness Signature

Date



STATEMENT OF NO OTHER INSURANCE

I, _____, declare that I was not covered by any other insurance policy, through myself or my parents for the accident dated _____.

Should any insurance become effective during my treatment, I will notify BMI Benefits and forward all eligible bills to the new carrier. I understand BMI Benefits coverage is in excess to all other insurances and will pay after all collectible insurance.

I understand that if any of these statements are false, it could deem my claim ineligible.

Insured Signature (or Parent Signature if insured is a minor)

Date



Welcome to the Gadsden State Family!

Gadsden State is so happy you will be attending Gadsden State Community College as a student athlete. My name is Kelley Pearce and I serve as the Associate Dean of Student Services, an advisor for student athletes, and as a liaison between athletics and other departments on campus. I am your **Student Advocate**. I am available to help you with all things Gadsden State. You can reach me at kpearce@gadsdenstate.edu or 256-539-8376.

Below are steps to complete that will make your transition to Gadsden State smooth and easy.

1. APPLICATION PROCESS:

- a. Fill out a Gadsden State application. You can do this online.
- b. Provide a copy of your ID with your application (e.g. driver's license) Take a picture of your id and email to admissions@gadsdenstate.edu.
- c. Send in a current high school transcript, then final high school transcript after graduation.

2. FINANCIAL AID:

- a. Financial aid information can be found at: <https://www.gadsdenstate.edu/admissions-aid/financial-aid.cms>
- b. Fill out a FAFSA (Free Application for Federal Student Aid). The link to apply is located at: <https://www.gadsdenstate.edu/admissions-aid/financial-aid.cms>
- c. Academic Scholarships are administered through our financial aid office. Cathy Hicks is the coordinator for scholarships and can be reached at chicks@gadsdenstate.edu

3. ADVISING:

- a. Once you have applied for admission, please contact Kelley Pearce to help you register for classes.

4. HOUSING:

- a. Full details about the Fowler Residence Hall can be found at <https://www.gadsdenstate.edu/student-life/on-campus-housing.cms>

CHECKLIST

- Apply for Admissions
- Copy of your ID
- Current High School Transcript
- Copy of Insurance Card
- Copy of current physical
- Apply for Financial Aid
- Request ACT/SAT scores be sent to Gadsden State
- Apply for housing if applicable
- Meet with Kelley Pearce

It's great to be a GADSDEN STATE CARDINAL!