



NCAA CHOICES Alcohol Education Grant Program Reviewer Participation Form

Name _____

Title _____

Institution/organization _____

Credentials to serve as a reviewer:

Address _____

City _____ State _____ Zipcode _____

Phone _____ Email _____

Please check:

Yes, I am interested in serving as a reviewer for the 2019 proposals.

* You will receive five proposals by March 1, 2019.

* You must return reviews by April 3, 2019.

Please email this form not later than February 13, 2019 to:

The NCAA Sport Science Institute
ssi@ncaa.org