



## REPORTING ADDITIONAL SOURCES OF AID

Select application year: 2017-2018 ( ) 2018-2019 ( )

*Oregon State University needs information from you to process your Financial Aid Award.*

Student Name

Student ID#

I agree to report to the OSU Office of Financial Aid and Scholarships any additional assistance I may receive at any time throughout the school year. This includes, but is not limited to:

- All scholarships
- Stipends
- Fellowships
- GRA or GTA positions
- Room & Board allowances or subsidies
- Vocational Rehabilitation
- Staff Fee Rates
- Tuition Waiver/Assistance

### Scholarships (list total amount to be received for the academic year)

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Please attach additional pages if needed

### Other

(Specify type and amount)

- |  |          |   |          |
|--|----------|---|----------|
| <input type="checkbox"/> Vocational Rehabilitation       | \$ _____ | <input type="checkbox"/> Tribal Assistance          | \$ _____ |
| <input type="checkbox"/> Tuition Assistance              | \$ _____ | <input type="checkbox"/> GTA/GRA Tuition Assistance | \$ _____ |
| <input type="checkbox"/> Employer Assistance             | \$ _____ | <input type="checkbox"/> Staff Fee Rates            | \$ _____ |
| <input type="checkbox"/> Resident Assistance/Room Waiver | \$ _____ | <input type="checkbox"/> Other _____                | \$ _____ |

I understand that any additional assistance indicated above may result in a revision of my aid offer and/or may require repayment of Financial Aid already received.

All the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

Student Signature

Date