

OTHER AID SOURCE DISCLOSURE FORM



Complete this form if you will receive funding from any of the additional aid sources represented below. Federal regulations require students to notify the financial aid office of funding they will receive from certain aid sources and that we consider those funds when calculating student financial aid eligibility. DO NOT report standard veterans benefits (e.g., Chapter 30 Montgomery, Chapter 31 Vocational Rehabilitation, Chapter 33 Post 9/11), federal Title IV grants indicated on the FAFSA Submission Summary, standard state-funded grants/scholarships, or funding from a 529 College Savings Plan.

Student Inform	nation						
First Name					Last Na	ame	
OR			()			
Student ID Last 4 Digits		Last 4 Digits of SSN			Phone Number		
		K THE BOX FOR AND	COMPLETE	EACH	SECTION THAT AP	PLIES	\neg
	er Reimbursemer	nt					
Employer Nan							-
I have included a copy of my employer's reimbursement policy							
Please comple	ete the following	if no policy is includ	ded				
My employer calculates the amount of tuition funded in the following way:							
	As a per credit hour rate of \$		with: An annua			al maximum of \$	
OR				No oppuel me		- 	
	<u> </u>						긕
	I As a percentage,%, of IW		's tution rate with		: An annual maximum of \$		į
				No annual maximum		- 	
My employer's policy includes payment for books:			No	Υ	es, with no limit	Yes, up to \$	
My employer's policy includes payment for fees:				Υ	es, with no limit	Yes, up to \$	_
Grants a	and Scholarships	from Outside Sour	ces				
Funding Source/Grant or Scholarship Name:							
Please include a copy of the payment guidelines for this funding source							
State-Ac	Iministered Voca	tional Rehabilitatior	Services	and W	orkforce Develop	ment	
Funding Sour	ce:						
I have included a copy of the payment guidelines for this funding source							
Please comple	ete the following	if no payment guide	line docur	nent is	included		
Total amount a	warded by this fur	nding source: \$					
This funding source may be applied to books charges			No	Υ	es, with no limit	Yes, up to \$	
This funding so	No	Υ	es, with no limit	Yes, up to \$			
Student Signa	ture (required fo	r faxed, mailed, or h	and-delive	red fo	rms)		「
, , ,							
Student Signature						/ Date	-

Email, fax, mail, or deliver the completed form to the Financial Aid Office using the contact information listed below