

2015-16 Reporting Additional Resources

Federal regulations require you to report to us if you will receive any additional resources for Summer 2015 through Spring 2016. Examples of additional resources are listed below. You do not need to complete the form if you will not receive any additional resources.

1. Student Name (please print): _____

2. Student ID: _____

3. Please list all additional sources of Financial Aid you have been awarded for the Summer 2015 – Spring 2016 school year.

This includes, **but is not limited to:**

Graduate Research Assistantships	Stipends	Departmental Tuition/Fee Payments
Employee Tuition Benefits	Traineeships	Private Scholarships
Military Awards	WICHE funding	National Health Service Corp
Vocational Rehabilitation	AmeriCorps	State (not Federal) VA educational benefits

Please specify for each source if it is for a specific term or full year. If the amount per term varies, please specify the amount for each term. If the funding source is going to cover more than one educational cost (such as any combination of tuition and fees, books and supplies, and stipend), please list each separately and the amount it will cover. Exclude sources of aid that are awarded by OHSU Financial Aid Office such as Pell Grants, Perkins Loan, Stafford Loans, Health Profession Loans, etc.

Source of Funding:	Terms Received:					Anticipated Total Amount:
	<input type="checkbox"/> Su	<input type="checkbox"/> F	<input type="checkbox"/> W	<input type="checkbox"/> SP	or <input type="checkbox"/> All Year	
	<input type="checkbox"/> Su	<input type="checkbox"/> F	<input type="checkbox"/> W	<input type="checkbox"/> SP	or <input type="checkbox"/> All Year	
	<input type="checkbox"/> Su	<input type="checkbox"/> F	<input type="checkbox"/> W	<input type="checkbox"/> SP	or <input type="checkbox"/> All Year	
	<input type="checkbox"/> Su	<input type="checkbox"/> F	<input type="checkbox"/> W	<input type="checkbox"/> SP	or <input type="checkbox"/> All Year	
	<input type="checkbox"/> Su	<input type="checkbox"/> F	<input type="checkbox"/> W	<input type="checkbox"/> SP	or <input type="checkbox"/> All Year	

Student Signature: _____ **Date:** _____

Return completed Form via one of the following:

Mailing Address: OHSU
 Registrar and Financial Aid Office
 Mail Code L109
 3181 SW Sam Jackson Park Road
 Portland, OR 97239-3098

OR Office Location: Mackenzie Hall, Room 1120

OR Fax: 503-494-4629

RESOURCE