



2023-24 Reporting Additional Resources

Federal regulations require you to report to us if you will receive any additional resources for Summer 2023 through Spring 2024. 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 2023 – Spring 2024 school year.

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

| | | |
|----------------------------------|---------------------------|---|
| Graduate Research Assistantships | Stipends/Living Allowance | 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:** _____

We are unable to accept typed signatures.

Please return this completed form to:

Preferred Method - Email: fnaid@ohsu.edu
 Fax: 503-494-4629

OHSU Financial Aid Office
 3181 SW Sam Jackson Park Road
 Mail Code L109
 Portland, OR 97239-3098