



## 2025-26 Reporting Other Financial Assistance

Federal regulations require you to report to us if you will receive any other financial assistance for educational costs during the Summer 2025 through Spring 2026. Examples of other financial assistance are listed below. You do not need to complete the form if you will not receive any other financial assistance.

1. Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

2. Please list all other financial assistance awarded for educational costs during the Summer 2025 – Spring 2026 school year.

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

Private Scholarships	National Health Service Corp
Employee Tuition Benefits	Military Awards
WICHE funding	Traineeships
Funding for Tuition, Fees, and/or Living Allowance	Vocational Rehabilitation
State (not Federal) VA educational benefits	AmeriCorps

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.

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](mailto:fnaid@ohsu.edu)  
 Fax: 503-494-4629

OHSU Financial Aid Office  
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