



2026-27 Reporting Other Financial Assistance

Federal regulations require you to report any other financial assistance for educational costs that you will receive from Summer 2026 through Spring 2027. Examples of other financial assistance are listed below. You do not need to complete this form if you will not receive any other financial assistance.

1. Student Name: _____ Student ID: _____

2. List all other financial assistance that you will receive for educational costs from Summer 2026 through Spring 2027.

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 the 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 one separately and the amount it will cover.** If you need additional space, attach another page with your name and student ID number.

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