

Scholarship & Resource Notification
 Form For Academic Year 2019-2020

Student's Name _____ UWL ID# _____

| Name of Scholarship(s) | Amount For 19-20 | Financial Aid Office Use |
|--|------------------|--------------------------|
| _____ <input type="checkbox"/> Renewable ____ yrs. | \$ _____ | |
| _____ <input type="checkbox"/> Renewable ____ yrs. | \$ _____ | |
| _____ <input type="checkbox"/> Renewable ____ yrs. | \$ _____ | |
| _____ <input type="checkbox"/> Renewable ____ yrs. | \$ _____ | |
| _____ <input type="checkbox"/> Renewable ____ yrs. | \$ _____ | |
| _____ <input type="checkbox"/> Renewable ____ yrs. | \$ _____ | |
| Total | \$ _____ | |

| Other Resource(s) | Amount for 19-20 |
|---|------------------|
| <input type="checkbox"/> Graduate Assistantship | \$ _____ |
| <input type="checkbox"/> Non-Resident Tuition Waiver | \$ _____ |
| <input type="checkbox"/> Residence Hall Assistant | \$ _____ |
| <input type="checkbox"/> Employer Tuition Reimbursement | \$ _____ |
| <input type="checkbox"/> Vocational Rehabilitation | \$ _____ |
| <input type="checkbox"/> Wisconsin GI Bill Tuition Waiver | \$ _____ |
| <input type="checkbox"/> National Guard Tuition Reimbursement Grant | \$ _____ |
| <input type="checkbox"/> Federal Military Tuition Assistance (TA) | \$ _____ |
| <input type="checkbox"/> Other State VA Benefits | \$ _____ |
| <input type="checkbox"/> Other _____ | \$ _____ |
| Total | \$ _____ |

If you learn of additional scholarships or educational resources after you have returned this form, you must notify us in writing or on your WINGS Student Center. The receipt of these outside resources may reduce the amount of the financial aid already offered, typically reducing the amount of loan eligibility first. We will notify you by campus e-mail if a change is needed because of these additional resources.

Student's Signature _____ Date _____

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