Financial Assistance from Other Sources

Complete this form if you will receive assistance during the 2015-16 academic year from sources such as AmeriCorps, employer loan or tuition assistance benefit, veteran’s benefits, etc.

______________________________                   ______________________________________
Student’s Name (Print)                                                  UChicago ID#           Division/Department

1. Name the source of financial assistance. __________________________________________________________
   (Please fill out a separate form for each source of assistance.)

2. How much assistance will you receive for Summer 2015?  $___________________________

3. How much assistance will you receive in Autumn 2015?  $___________________________

4. How much assistance will you receive in Winter 2016?  $___________________________

5. How much assistance will you receive in Spring 2016?  $___________________________

By signing this form, I agree that all of the information entered above is true and accurate.

_______________________________________             ________________________________
Student’s Signature                                                            Date