# Financial Assistance from Other Sources

Complete this form if you will receive assistance during the 2016-17 academic year from sources such as AmeriCorps, employer loan or tuition assistance benefit, veteran’s benefits, etc.

<table>
<thead>
<tr>
<th>Student’s Name (Print)</th>
<th>UChicago ID#</th>
<th>Division/Department</th>
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</table>

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 2016? $__________________________

3. How much assistance will you receive for Autumn 2016? $__________________________

4. How much assistance will you receive for Winter 2017? $__________________________

5. How much assistance will you receive for Spring 2017? $__________________________

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

_______________________________________             ________________________________
Student’s Signature                                                            Date