

Please complete, sign and submit this form along with any documentation received from awarding agencies no later than August 1, 2025, indicating your outside funding information.

Student's Name (Please Print): _____ **SSN:** XXX-XX-_____

Outside Funding/Awards

- ✓ You **must** report outside scholarships, grants, employer reimbursements, loan funds and/or additional funding from outside organizations **not already listed** on your Financial Aid Award Letter. This includes Loan Funds and Outside Scholarships that are made payable directly to you if they are to be used for educational expenses.
- ✓ A revision of your financial aid award(s) may be necessary to comply with federal/state and institutional regulations.
- ✓ Outside funding *will be divided equally between semesters* as noted on the Financial Aid Award Letter for purposes of calculating your financial aid eligibility.
- ✓ Funds listed as "Outside" on the Award Letter will be considered estimated until dollars are received from the awarding agency by the Business Office.
- ✓ It is the student's responsibility to work with the awarding agency to ensure receipt of funds.

___ I will not receive any outside scholarships, grants, employer reimbursements, loan funds, and/or other additional funding from outside organizations for the 2025-2026 academic year. If I am awarded any such funding, I will immediately notify the Office of Financial Aid at Trine University.

___ I have been awarded or I expect to be awarded the outside funding listed below. I have attached a copy of the documentation received from the awarding agency about the outside funding.

- ❖ *Funds reported or received without an attached statement from the awarding agency will be limited to use towards Trine University direct costs for-tuition/fees in compliance with Institutional Policies.*

Name of Scholarship/Award or assistance	Award Amount Per Year	Paid/Sent to: (Circle one)	
		Student	Trine University
		Student	Trine University
		Student	Trine University
		Student	Trine University
		Student	Trine University
		Student	Trine University
		Student	Trine University

Student Signature: _____ **Date:** _____

Return form to:

**Trine University
Financial Aid Office
1 University Avenue
Angola, IN 46703**

Fax: (260) 665-4511