



Student Name: _____ EOU SID: 910- [] [] [] [] [] []

EOU email: _____@eou.edu Phone: _____

I agree to report to Eastern Oregon University's Financial Aid Office any additional, estimated financial assistance (EFA) I may receive at any time throughout the school year. This includes, but is not limited to:

All scholarships, stipends, fellowships, GRA or GTA positions, room and board allowances or subsidies, vocational rehabilitation, staff fee rates, and tuition waiver/assistance.

Scholarships (list total amount to be received for the academic year):

- \$ _____ from (name): _____
\$ _____ from (name): _____
\$ _____ from (name): _____
\$ _____ from (name): _____
\$ _____ from (name): _____

Other (specify type and amount):

- Vocational Rehabilitation \$ _____ Tribal Assistance \$ _____
Tuition Assistance \$ _____ GTA/GRA Tuition Assistance \$ _____
Employer Assistance \$ _____ Staff Fee Rates \$ _____
Resident Assistance/ Room Waiver \$ _____ Other: _____ \$ _____
Other: _____ \$ _____

I understand that any additional assistance indicated above may result in a revision of my aid offer and/or may require repayment of financial aid already received.

I declare that all of the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

Student's Signature

Date

All submitted documents become part of your official record and therefore cannot be returned. Documents that become part of your Educational Record are protected for privacy under federal law (FERPA).

Institutional Use Only:
RPAARSC RPAAWRD Unmet Need: _____ (Scholarship Revision Loan Revision Email Student)