



Office of Financial Aid and Scholarships
 218 Kerr Administration Building, Corvallis OR 97331-2120
 T 541-737-2241 | F 541-737-4494 | E financial.aid@oregonstate.edu/

2008-2009 Reporting Additional Sources of Aid

Student Name: _____ Student ID: _____

I agree to report to the OSU Office of Financial Aid and Scholarships any additional assistance I may receive at any time throughout the school year. This includes, but is not limited to:

- All departmental scholarships
- Stipends
- Fellowships
- GRA or GTA positions
- ROTC Assistance
- Room & Board allowances or subsidies
- Veteran's Benefits
- Vocational Rehabilitation
- Staff Fee Rates
- Tuition Waiver
- Off-Campus Scholarships

Scholarships

Name: _____ Amount: _____ Per year _____ **or** Per Term _____

Name: _____ Amount: _____ Per Year _____ **or** Per Term _____

Name: _____ Amount: _____ Per Year _____ **or** Per Term _____

Other

(Specify type and amount)

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Vocational Rehabilitation | \$ _____ | <input type="checkbox"/> Resident Assistance | \$ _____ |
| <input type="checkbox"/> ROTC Assistance | \$ _____ | <input type="checkbox"/> Staff Fee Rates | \$ _____ |
| <input type="checkbox"/> Tuition Assistance | \$ _____ | <input type="checkbox"/> Tribal Assistance | \$ _____ |
| <input type="checkbox"/> Employer Assistance | \$ _____ | <input type="checkbox"/> Other _____ | \$ _____ |

Graduate Teaching/Research Assisant (tuition waiver)

- Summer
- Fall
- Winter
- Spring

Teaching/Research Fellowship

Amount: \$ _____

Veteran's Benefits

Type: _____ Monthly Amount: \$ _____ No. of Months _____

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

Student Signature

Date