



OTHER AID SOURCE DISCLOSURE FORM



Complete this form if you will receive funding from any of the additional aid sources represented below. Federal regulations require students to notify the financial aid office of funding they will receive from certain aid sources and that we consider those funds when calculating student financial aid eligibility.

DO NOT report standard veterans benefits (e.g., Chapter 30 Montgomery, Chapter 31 Vocational Rehabilitation, Chapter 33 Post 9/11), federal Title IV grants indicated on the Student Aid Report (SAR), standard state-funded grants/scholarships, or funding from a 529 College Savings Plan.

Student Information

First Name M.I. Last Name

OR ()

Student ID Last 4 Digits of SSN Phone Number

CHECK THE BOX FOR AND COMPLETE EACH SECTION THAT APPLIES

Employer Reimbursement

Employer Name: _____

I have included a copy of my employer's reimbursement policy

Please complete the following if no policy is included

My employer calculates the amount of tuition funded in the following way:

OR	As a per credit hour rate of \$ _____ with:	An annual maximum of \$ _____
		No annual maximum
OR	As a percentage, _____%, of IWU's tuition rate with:	An annual maximum of \$ _____
		No annual maximum

My employer's policy includes payment for *books*: No Yes, with no limit Yes, up to \$ _____

My employer's policy includes payment for *fees*: No Yes, with no limit Yes, up to \$ _____

Grants and Scholarships from Outside Sources

Funding Source/Grant or Scholarship Name: _____

Please include a copy of the payment guidelines for this funding source

State-Administered Vocational Rehabilitation Services and Workforce Development

Funding Source: _____

I have included a copy of the payment guidelines for this funding source

Please complete the following if no payment guideline document is included

Total amount awarded by this funding source: \$ _____

This funding source may be applied to *books* charges: No Yes, with no limit Yes, up to \$ _____

This funding source may be applied to *fees*: No Yes, with no limit Yes, up to \$ _____

Student Signature (required for faxed, mailed, or hand-delivered forms)

_____ / ____ / ____

Student Signature Date

Email, fax, mail, or deliver the completed form to the Financial Aid Office using the contact information listed below

EMAILED FORMS MUST BE SENT FROM THE IWU STUDENT EMAIL ACCOUNT