Scholarships/Military BAH 2016-2017

Student’s ID Number: ____________________________ Email: ____________________________

Student’s Name: ____________________________ Cell Phone #: ____________________________

Federal regulations require that you notify the Financial Aid Office of any outside financial assistance you receive.

SCHOLARSHIPS

Outside Scholarships are those awarded by a source other than the Office of Financial Aid, a WCU department or a WCU affiliate (for example, churches, civic organizations, etc.). Your financial aid is subject to change if we are notified of additional resources after you have been awarded. Failure to notify the University of outside awards may result in loss or reduction of financial aid from Western Carolina University.

Indicate below any expected outside scholarships that are confirmed at this time. Only include scholarships from sources outside the university. If you have received a scholarship confirmation letter, please attach a copy to this form.

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<thead>
<tr>
<th>Name of award(s)</th>
<th>Amount</th>
<th>Circle One</th>
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Attach an additional sheet if necessary

Notice: If submitting your grade transcript is a requirement for continuation of your scholarship, YOU must contact the Registrar’s Office each semester and request your transcripts be mailed.

For additional information on transcripts, donor verification, donors requiring invoices, and payment information for donors, please refer to our website at http://www.wcu.edu/current-students/scholarships/donor-information.asp

MILITARY BAH – check the situation that applies to you.

_____ You are an independent student who receives, or whose spouse receives BAH.

_____ You are a dependent student living with a parent who lives in on-base housing or receives BAH.

Federal regulations prohibit any student from receiving more financial aid than their estimated cost of attendance (go to http://www.wcu.edu/1211.asp for an explanation of Cost of Attendance). The regulations also state that a student may not receive need-based aid that exceeds their calculated financial need (Cost of Attendance budget minus the Expected Family Contribution (EFC) as determined by the FAFSA).

Student’s Signature: ____________________________ Date: ____________________________