



<b>Student Name</b>	<b>ID #</b>
---------------------	-------------

Please complete form in blue or black ink. Incomplete forms will not be accepted.

Please use this form to report additional aid that you should receive for the 2024-2025 academic year that is not listed on your award letter.

**List all Private Scholarship(s) you expect to receive for 2024-2025:**

Source:

	Total Amt.	Check Received	Renewable?
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**List all outside financial assistance you expect to receive for 2024-2025.** Include all MiWORKS, MiLEAP, Vocational rehab, and supportive service assistance you expect to receive. ***Attach documentation from the source.***

Source:

	Total Total Amt.	Check Received	Renewable?
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

<b>Student Signature:</b>	<b>Date:</b>
---------------------------	--------------