



Financial Aid Office

Scholarship & Outside Resource Notification Form

Student Name: _____

Falcon ID: _____

Complete and return this form to the UW-River Falls Financial Aid Office only if you are receiving **outside** assistance to help pay for your educational costs (e.g., scholarships, grants, DVR, etc). Please indicate the amount and which semester(s) you will receive the outside resource.

| Source of Outside Assistance | Amount | | |
|------------------------------|-------------|---------------|--------------|
| | <i>Fall</i> | <i>Spring</i> | <i>Total</i> |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

The receipt of these outside resources may reduce the amount of the financial aid already offered, typically reducing the amount of loan eligibility first. We will notify you if a change is needed because of these additional resources.

Student Signature: _____

Date: _____