

UNIVERSITY of WISCONSIN  
**LA CROSSE**

FA30-08/09 (1/08)

Scholarship & Resource Notification Form  
For Academic Year 2008 - 2009

Student's Name \_\_\_\_\_ UW-L ID# \_\_\_\_\_

Name of Scholarship(s)		Amount for 08-09
_____	<input type="checkbox"/> One year only	\$
_____	<input type="checkbox"/> Renewable for _____ yrs.	\$
_____	<input type="checkbox"/> One year only	\$
_____	<input type="checkbox"/> Renewable for _____ yrs.	\$
_____	<input type="checkbox"/> One year only	\$
_____	<input type="checkbox"/> Renewable for _____ yrs.	\$
_____	<input type="checkbox"/> One year only	\$
_____	<input type="checkbox"/> Renewable for _____ yrs.	\$
_____	<input type="checkbox"/> One year only	\$
_____	<input type="checkbox"/> Renewable for _____ yrs.	\$
<b>Total</b>		<b>\$</b>

Other Resource(s)	Amount for 08-09	
<input type="checkbox"/> Graduate Assistantship	\$	
<input type="checkbox"/> Non-Resident Tuition Waiver	\$	
<input type="checkbox"/> Residence Hall Assistant	\$	
<input type="checkbox"/> Employer Tuition Reimbursement	\$	
<input type="checkbox"/> Vocational Rehabilitation	\$	
<input type="checkbox"/> R.O.T.C.	\$	
<input type="checkbox"/> National Guard Reserve Benefits	\$	
<input type="checkbox"/> Veteran's G.I. Bill Benefits <i>circle</i> Ch. 30, 31, 35, 1606, 1607	\$	
<input type="checkbox"/> Veteran's GI Bill Tuition Waiver	\$	
<input type="checkbox"/> Other _____	\$	
<b>Total</b>		<b>\$</b>

**If you learn of additional scholarships or educational resources after you have returned this form, you must notify us in writing. 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's Signature \_\_\_\_\_  
Date

**Financial Aid Office**

215 Graff Main Hall, University of Wisconsin-La Crosse, 1725 State Street, La Crosse, WI 54601

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