

UNIVERSITY of WISCONSIN
LA CROSSE

FA30-09/10 (11/08)

Scholarship & Resource Notification Form
For Academic Year 2009 - 2010

Student's Name _____ UW-L ID# _____

Name of Scholarship(s)		Amount For 09-10	Financial Aid Office Use
_____	<input type="checkbox"/> One year only	\$	
_____	<input type="checkbox"/> Renewable _____ yrs.	\$	
_____	<input type="checkbox"/> One year only	\$	
_____	<input type="checkbox"/> Renewable _____ yrs.	\$	
_____	<input type="checkbox"/> One year only	\$	
_____	<input type="checkbox"/> Renewable _____ yrs.	\$	
_____	<input type="checkbox"/> One year only	\$	
_____	<input type="checkbox"/> Renewable _____ yrs.	\$	
_____	<input type="checkbox"/> One year only	\$	
_____	<input type="checkbox"/> Renewable _____ yrs.	\$	
Total		\$ _____	

Other Resource(s)	Amount for 09-10	
<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, 33, 35, 1606, 1607	\$	
<input type="checkbox"/> Veteran's GI Bill Tuition Waiver	\$	
<input type="checkbox"/> Other _____	\$	
Total		\$ _____

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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