FORDHAM

Submit Documents Via
Secure Electronic Submission:
my.fordham.edu/fasubmitdocs
or
Fax: (718) 817-3921

2019-2020 Outside Aid Disclosure

STUDENT:_____ _____ **FIDN#: A**_____
Last Name **First Name**

If while attending Fordham University you are eligible for tuition remission or reimbursement or other outside aid, you are required to notify the Office of Student Financial Services of your eligibility.

You must complete and sign this section. Check either A or B.

A. ☐ At this time I am not aware of any additional outside aid. I will inform Fordham if and when I become aware of additional aid. (**SIGN BELOW**)
B. ☐ I am aware of the following:

Fordham Tuition Remission: $_____ Name of Employee: _____ Relationship: _____

Outside Tuition Remission/Benefit: $_____ Name of Company: _____ Relationship: _____

Outside Scholarship/Aid

New York State Scholarship: Annual Dollar Amount

Name: _____ $_____
(**Do not include Tuition Assistance Program – TAP**)

Other Outside Scholarship/Aid:	Annual Dollar Amount	Duration of the Award
Source: _____	$_____	☐ 1 yr. ☐ 2 yr. ☐ 3 yr. ☐ 4 yr.
Source: _____	$_____	☐ 1 yr. ☐ 2 yr. ☐ 3 yr. ☐ 4 yr.
Source: _____	$_____	☐ 1 yr. ☐ 2 yr. ☐ 3 yr. ☐ 4 yr.
Source: _____	$_____	☐ 1 yr. ☐ 2 yr. ☐ 3 yr. ☐ 4 yr.

Additional Comments:_____

_____	_____	_____
Student's Name (Print)	**Student's Signature**	**Date**
_____	_____	_____
Parent's Name (Print)	**Parent's Signature**	**Date**

By signing this form, you certify the information reported above is true and accurate to the best of your knowledge. If additional information is requested, you agree to provide us with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.

Office of Student Financial Services
Rose Hill Campus | 441 East Fordham Rd. | Bronx, NY 10458
Lincoln Center Campus | 113 West 60th St. | New York, NY 10023
Phone: 718-817-3800 | Fax: 718-817-3921