Fordham University

Outside Aid Disclosure

Name: ________________________________________ Fordham ID: _____-_____-_____

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:

   Tuition Remission: $_________ Indicate name if Fordham employee: __________________________ Relationship: ________________

   Tuition Benefit: $_________ Indicate name of Company: __________________________

Outside Scholarship/Aid

   New York State Scholarship: $_________ Name: __________________________ (Do not include Tuition Assistance Program - TAP)

   Other outside Scholarship or Aid: $_________ (Source) __________________________ Duration of Award

      □ 1yr □ 2yrs □ 3yrs □ 4yrs □ Other

      □ 1yr □ 2yrs □ 3yrs □ 4yrs □ Other

Additional Comments: ______________________________________________________________________________________________________

______________________________________________________________________________

Student’s Signature                        Date