



## Outside Assistance Expected

Please complete the form below and return it to the Financial Aid Office.

**Academic Year:** \_\_\_\_\_

Will you be receiving assistance from any of the following?  
*(check all that apply and indicate the amount of assistance expected)*

- I will receive NO outside assistance.
- Tuition reimbursement from employer                    \$ \_\_\_\_\_ per (circle one): hour semester class year
- Vocational Rehabilitation    \$ \_\_\_\_\_ per (circle one): hour semester class year
- Veteran's Benefits    \$ \_\_\_\_\_ per (circle one): hour semester class year
- Tuition remission from:
  - Webster    \$ \_\_\_\_\_ per (circle one): hour semester class year
  - Other    \$ \_\_\_\_\_ per (circle one): hour semester class year
- Other: \_\_\_\_\_ \$ \_\_\_\_\_ per (circle one): hour semester class year  
(name of program)

**Please note: If you receive outside assistance anytime during the academic year, please send notification to the Financial Aid Office. Outside assistance may affect your financial aid award.**

Student Name (please print) \_\_\_\_\_

Student's Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Student ID: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions, please contact your campus financial aid representative.