



Outside Assistance Expected

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 University \$_____ 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 No.: _____ Student ID: _____

Date: _____

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