Salisbury UNIVERSITY

NOTICE OF ADDITIONAL RESOURCES for FALL 2016/SPRING 2017

Please list below all educational resources not listed on the Financial Aid Notification.

SOURCE	TOTAL AMOUNT	FOR SEMESTER
Tuition Waiver (Grad Assist's., Employee, etc.)	$	fall and spring * _____ fall only _____ spring only _____
Vocational Rehabilitation Benefits	$	fall and spring * _____ fall only _____ spring only _____
AmeriCorp Benefits	$	fall and spring * _____ fall only _____ spring only _____
Outside Scholarship (specify)	$	fall and spring * _____ fall only _____ spring only _____
Outside Scholarship (specify)	$	fall and spring * _____ fall only _____ spring only _____
Outside Scholarship (specify)	$	fall and spring * _____ fall only _____ spring only _____
Outside Scholarship (specify)	$	fall and spring * _____ fall only _____ spring only _____

*Assumes one-half of amount shown for fall and one-half for spring.

It is your responsibility to inform the Cashier's Office, HH 219, in writing, as to how the fund(s) listed above are to be applied to your account. Ex. all for fall, half for fall the other half for spring, etc.

Student's Name: _____ SU ID _____
(please print) last first

Student's Signature: _____ Date: _____

OFFICE OF FINANCIAL AID
1101 Camden Avenue, Salisbury, MD 21801-6860
410-543-6165 1-888-543-0148 TTY 410-543-6083 FAX 410-543-6138 www.salisbury.edu