



Student Name: _____

Student WIN: _____

-- Please Print Legibly in Black Ink Only --

2009-10 Scholarship - Resource
(June 25, 2009 – June 23, 2010)

Please fill out the applicable information below.

Add to my 2009-10 financial aid award package the following anticipated *Scholarships, Assistantships, Stipend and/or Tuition Assistance Benefits from employers or other resource.*

| <u>Scholarship or Resource Name</u> | <u>Yearly Amount</u> |
|-------------------------------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Student Signature: _____ Date: _____

Daytime phone # _____ E-mail Address: _____ @wmich.edu

**Please mail document to: Western Michigan University, Student Financial Aid
193 West Michigan Avenue, Kalamazoo MI 49008-5337**