Please complete this form online, then print and sign using blue or black ink.

SCHRES

STUDENT NAME: _____

WIN: _____

DAYTIME PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WMU Student Financial Aid
1903 W Michigan Ave
Kalamazoo MI 49008-5337
(269) 387-6000
finaid-info@wmich.edu

2017-18 SCHOLARSHIP RESOURCE

Please fill out the applicable information below.

Add to my 2017-18 financial aid award package the following anticipated scholarships, assistantships, stipend and/or tuition assistance benefits from employers or other resources.

SCHOLARSHIP / RESOURCE NAME	YEARLY AMOUNT

I certify this information is accurate.

STUDENT SIGNATURE: _____ **DATE:** _____

Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.