

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

**SRES**



WESTERN MICHIGAN  
UNIVERSITY

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

## 2018-19 SCHOLARSHIP RESOURCE

Please fill out the applicable information below.

Add to my 2018-19 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.