Please complete this form online and sign at the bottom.

SRES

WESTERN MICHIGAN UNIVERSITY
Student Financial Aid

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

# 2023-24 SCHOLARSHIP RESOURCE

Please fill out the applicable information below.

Add to my 2023-24 financial aid offer package the following anticipated scholarships, assistantships, stipend and/or tuition assistance benefits from employers or other resources.

| SCHOLARSHIP / RESOURCE NAME | YEARLY AMOUNT |
|---|---|
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I certify this information is accurate.

**STUDENT SIGNATURE:** _____ **DATE:** _____

Return your completed form to Bronco Express in the Student Financial Aid office. You may also use your WMU 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.