Please complete this form online and sign at the bottom.

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STUDENT NAME:	
WIN:	WMU Student Financial Aid
DAYTIME PHONE:	1903 W Michigan Ave
	Kalamazoo MI 49008-5337
ADDRESS:	(269) 387-6000
CITY, STATE, ZIP:	finaid-info@wmich.edu

2024-25 SCHOLARSHIP RESOURCE

Please fill out the applicable information below.

Add to my 2024-25 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	

I certify this information is accurate.

STUDENT SIGNATURE:		DATE:	
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