

Student Name: \_\_\_\_\_ EOU SID: 910-

--	--	--	--	--	--

EOU email: \_\_\_\_\_@eou.edu Phone: \_\_\_\_\_

**I agree** to report to Eastern Oregon University’s Financial Aid Office any additional, estimated financial assistance (EFA) I may receive at any time throughout the school year. This includes, but is not limited to:

All scholarships, stipends, fellowships, GRA or GTA positions, room and board allowances or subsidies, vocational rehabilitation, staff fee rates, and tuition waiver/assistance.

**Scholarships (list total amount to be received for the academic year):**

- \$ \_\_\_\_\_ from (name): \_\_\_\_\_
- \$ \_\_\_\_\_ from (name): \_\_\_\_\_
- \$ \_\_\_\_\_ from (name): \_\_\_\_\_
- \$ \_\_\_\_\_ from (name): \_\_\_\_\_
- \$ \_\_\_\_\_ from (name): \_\_\_\_\_

**Other (specify type and amount):**

- |   |  |
|---|--|
| <input type="checkbox"/> Vocational Rehabilitation \$ _____<br><input type="checkbox"/> Tuition Assistance \$ _____<br><input type="checkbox"/> Employer Assistance \$ _____<br><input type="checkbox"/> Resident Assistance/<br>Room Waiver \$ _____ | <input type="checkbox"/> Tribal Assistance \$ _____<br><input type="checkbox"/> GTA/GRA Tuition Assistance \$ _____<br><input type="checkbox"/> Staff Fee Rates \$ _____<br><input type="checkbox"/> Other: _____ \$ _____<br><input type="checkbox"/> Other: _____ \$ _____ |
|---|--|

**I understand** that any additional assistance indicated above may result in a revision of my aid offer and/or may require repayment of financial aid already received.

**I declare** that all of the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

All submitted documents become part of your official record and therefore cannot be returned. Documents that become part of your Educational Record are protected for privacy under federal law (FERPA).

Institutional Use Only:  
 RPAARSC  RPAAWRD Unmet Need: \_\_\_\_\_ (  Scholarship Revision  Loan Revision  Email Student )

Please submit to: EOU FINANCIAL AID OFFICE, INLOW HALL # 104, ONE UNIVERSITY BLVD, LA GRANDE, OR 97850-2807

Fax: 541-962-3661; eFax: 541-962-3095.

More financial aid information at [eou.edu/fao](http://eou.edu/fao)

Secure Document Upload: <https://static.eou.edu/share-file/financial-aid.html>

**Questions?** Call 541-962-3550 or email [fao@eou.edu](mailto:fao@eou.edu).