

Student Name:	EO	U 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):								
	Vocational Rehabilitation	\$	Tribal Assistance	\$				
	Tuition Assistance	\$	GTA/GRA Tuition Assistance	\$				
	Employer Assistance	\$	□ Staff Fee Rates	\$ <u> </u>				
	Resident Assistance/	\$	Other:	\$ <u> </u>				
	Room Waiver		□ 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:	(🛛 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				
Secure Document Upload: https://static.eou.edu/share-file/financial-aid.html						
Questions? Call 541-962-3550 or email fao@eou.e	du.	RPAARSC 24.0 1				