



OFFICE OF FINANCIAL AID
278 WHITES BRIDGE ROAD
STANDISH, ME 04084
www.sjcme.edu/finaid

FAX 207.893.6699
TEL 800.752.1266
207.893.6612
EMAIL finaid@sjcme.edu

2019-20 OUTSIDE SCHOLARSHIP/FUNDING REPORTING FORM

REQUIRED FOR ALL FINANCIAL AID RECIPIENTS – if you **are not** receiving any outside assistance, do not complete this form.

If you are graduating from high school this year, please complete after your high school graduation or awards night.

Student Information

Printed Name: _____ DOB: _____

Have you been awarded any outside scholarships or resources or any employer-paid education assistance to help with education expenses for 2019-2020 at Saint Joseph's College?

YES _____

If you have been awarded outside resources, please complete the chart on the back of this sheet and return this signed form to the financial aid office **and attach copies of any letters and/or documentation that you have received to confirm your scholarship or other assistance.** We ask that these scholarships and other funds be reported to our office within 30 days of your notification.

Note: It's the responsibility of the student to ensure that the college receives these outside scholarship funds. Please keep a copy of this form once you have completed it, as you may receive additional awards. **Do not include grants and scholarships listed on your financial aid award letter from Saint Joseph's College on this chart.**

See other side to report

2019-20 OUTSIDE FUNDING REPORTING FORM

Page 2

Please complete **all** sections of this chart for each outside scholarship/resource awarded. If you need more space, please continue this list on a separate sheet and attach.

Name of Outside Scholarship and Awarding Organization or Employer (not including Saint Joseph's College)	Amount to be paid before 11/1/19 for fall semester.	Amount to be paid after 11/1/19 for the spring semester.	Indicate if check will be payable to College OR to Student OR to Both *	Is this assistance renewable?
	FALL	SPRING		
TOTAL	\$	\$		

* Only those scholarships which are documented as being paid to the College or College & Student will be shown as pending aid on the billing statement.

I understand that the College may use one-time outside aid to reduce unmet institutional need. If necessary, the first adjustment is made to the Nursing Student Loan. Only then does the College consider reducing grant assistance. Renewable assistance from outside sources could impact College grant funding, e.g., tuition benefits, veteran benefits, ROTC assistance.

I certify that the above information is true and complete to the best of my knowledge. I have attached copies of all scholarships received or have previously forwarded them to the Office of Financial Aid. I have included those funds that are paid to the College and those that have been or will be paid directly to me for my education expenses. I agree that I will update this form as I receive additional scholarship information.

I understand that a scholarship is a method of payment and it is my responsibility to ensure that the college receives these outside scholarship funds within the academic year. I understand that funds not received within the academic year will become my responsibility to pay out of pocket.

SIGNATURE: _____

DATE: _____