

## 2020-2021 OTHER RESOURCES FORM

Complete and submit this form if you have or will receive scholarships or other resources to assist with your educational expenses at Regis University. Please list all resources that are not included on your Regis University award letter. Examples include outside scholarship awards or tuition benefits from your employer.

Scholarship check(s) should be sent to: Financial Aid, Regis University, A-8, 3333 Regis Blvd., Denver, CO 80221.

**Regis ID:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Last**

**First**

**Middle Initial**

Other Resources:

Name of Award: \_\_\_\_\_

Award Amount: \$ \_\_\_\_\_  
For Semester(s): Summer: \$ \_\_\_\_\_ Fall: \$ \_\_\_\_\_ Spring: \$ \_\_\_\_\_

Name of Award: \_\_\_\_\_

Award Amount: \$ \_\_\_\_\_  
For Semester(s): Summer: \$ \_\_\_\_\_ Fall: \$ \_\_\_\_\_ Spring: \$ \_\_\_\_\_

Name of Award: \_\_\_\_\_

Award Amount: \$ \_\_\_\_\_  
For Semester(s): Summer: \$ \_\_\_\_\_ Fall: \$ \_\_\_\_\_ Spring: \$ \_\_\_\_\_

Name of Award: \_\_\_\_\_

Award Amount: \$ \_\_\_\_\_  
For Semester(s): Summer: \$ \_\_\_\_\_ Fall: \$ \_\_\_\_\_ Spring: \$ \_\_\_\_\_

Name of Award: \_\_\_\_\_

Award Amount: \$ \_\_\_\_\_  
For Semester(s): Summer: \$ \_\_\_\_\_ Fall: \$ \_\_\_\_\_ Spring: \$ \_\_\_\_\_

Certification: I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that changes to my resources may affect my financial aid eligibility. I further understand the addition of external awards may reduce my aid eligibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_