

RIT | Office of Financial Aid and Scholarships

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2019 – 2020 OUTSIDE ASSISTANCE/SCHOLARSHIP REPORT

STUDENT'S NAME: _____ RIT UID#: _____
(last) (first)

Financial aid recipients are required to report all financial aid awards (i.e. scholarships, grants, tuition remission, employer tuition support, vocational rehabilitation support, veterans benefits) received from any organizations or agencies to the Office of Financial Aid and Scholarships. Because outside aid represents additional resources to meet your financial need, it may affect your existing federal, state and/or institutional financial aid. RIT reserves the right to adjust your financial aid package when you receive additional awards from sources outside of RIT. Should your aid package change, a revised award notice will be sent to you. **Return this form to us by fax, email or postal service (information is above). To avoid duplication, do not mail paper copy if using fax or email.**

We try to honor requests by the donors, if possible. Generally, any outside aid first replaces any unmet need in your package. Unmet need is the difference between your “Estimated Family Cost to Attend RIT” on your award letter and your federal Expected Family Contribution (EFC). Next, if the outside aid exceeds your unmet need, the outside aid will replace need-based federal sources (i.e. Federal Work Study, SEOG, and/or subsidized Direct Loan programs). Finally, if there is still outside aid unaccounted, we will replace existing RIT aid rounded up to the nearest \$50 increment.

Only report outside awards or amounts that are NOT on your most recent Financial Aid Award letter. Please complete the section below; use the reverse side if necessary.

a. Source: _____

* Indicate amount expected each semester of attendance:

Summer: \$ _____ Fall: \$ _____ Spring: \$ _____ Total Award for 2019-20: \$ _____

* Check one: Paid directly to RIT () Paid directly to student () * Is this award renewable? () Yes () No

b. Source: _____

* Indicate amount expected each semester of attendance:

Summer: \$ _____ Fall: \$ _____ Spring: \$ _____ Total Award for 2019-20: \$ _____

* Check one: Paid directly to RIT () Paid directly to student () * Is this award renewable? () Yes () No

c. Source: _____

* Indicate amount expected each semester of attendance:

Summer: \$ _____ Fall: \$ _____ Spring: \$ _____ Total Award for 2019-20: \$ _____

* Check one: Paid directly to RIT () Paid directly to student () * Is this award renewable? () Yes () No

I certify that the awards I have indicated are true and correct to the best of my knowledge. If I receive other awards or if these awards should change, I will notify the Office of Financial Aid and Scholarships immediately.

(Student's signature)

(Date)