



Charles E. Schmidt College of Medicine
 Office of Medical Student Financial Aid
 777 Glades Road, Bldg. 71
 Boca Raton, FL 33431
 Tel: 561.297.4694
 Fax: 561.297.2221
 med.fau.edu

2017-2018 Statement of Outside Resources

Name: _____
 Address: _____
 City, State, Zip: _____

FAUZ #: _____
 Telephone #: _____
 FAU Email: _____@health.fau.edu

IMPORTANT: This form must be completed and submitted, with a copy of the award notice, to the Office of Medical Student Financial Aid as soon as you are notified of the award.

What is an outside resource? An outside resource is any form of financial assistance you receive that is awarded to meet educational expenses, and is not awarded through the University's Financial Aid Office or processed through the University's, Controller, Foundation or Directed Research offices.

What is to be included on this form? You must inform us of any outside resource you receive. Examples would be a scholarship check made payable directly to the student, support provided by an outside agency, that is intended to be used to meet the student's educational expenses, to include reimbursement of costs paid by the student.

What is NOT to be included on this form Any resources that are processed through the University system, such as Florida Prepaid, Student Loans, FAU and COM Grants, FAU Tuition Exemptions, VA Educational Benefits, FAU Scholarships or Scholarships made directly payable to FAU or co-payable to FAU/Student.

Instructions:
 If you have outside resources that are not awarded or processed through the FAU BANNER system, please enter that information below and submit this form along with documentation listed above to the Office of Medical Student Financial Aid.

If this information is not provided prior to the financial aid disbursement, and your total aid exceeds your budget/eligibility, you may be required to repay part of your previously disbursed financial aid.

Name of Resource	1 st half Year Amount	2 nd Half Year Amount	Total Amount

Student Signature: _____

Date: _____

FINANCIAL AID SECTION

Resource posted to RPAARSC Yes No Clarification on RHACOMM Yes No

Additional Comments: _____

Counselor Signature: _____ Date: _____