FRANKLIN UNIVERSITY

2017-18 FAC OUT
Declaration of Outside Tuition Assistance

Student Last Name

Student First Name | Franklin Student ID (0) | Date of Birth (mmddyy)

Will you receive tuition assistance from <u>any</u> of the sources listed below?

❑ **YES** Fill in the amount you will receive for each term (if the amount is $0 for any term, you must put a $0 in that term). Add the total for all terms and write it in the total column. **If you are unsure of the amount you will receive, you must estimate. Failure to disclose any/all tuition assistance could affect your aid eligibility and result in a loss of funding and delay available refunds.**

❑ **NO** **IF YOUR ANSWER IS NO, DO NOT COMPLETE THIS FORM.**

Source of Assistance	Amount for Summer '17	Amount for Fall '17	Amount for Winter '18	**TOTAL** for all terms for 2017-18 year
Employer Tuition Assistance	,	,	,	,
Name of Employer _____				
*Bureau of Vocational Rehabilitation **(BVR)** Private Industry Council **(PIC)**, or Job Training Placement Act **(JTPA)***	,	,	,	,
National Guard	,	,	,	,
Ohio Tuition Trust Authority (Prepaid Tuition)	,	,	,	,
Outside Scholarships Received or Expected	,	,	,	,
Name of Scholarship(s) _____				
Other Aid Resources not listed above. <u>DO NOT</u> include grants, loans, or VA Montgomery GI Bill Benefits	,	,	,	,
Name of other aid: _____				

Submit to: **Financial Aid**
Franklin University
201 S. Grant Ave.
Columbus, OH 43215
Fax: 614.255.9478 **Email: <u>finaid@franklin.edu</u>**