

Student Name	ID #
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Please complete form in blue or black ink. Incomplete forms will not be accepted.

Please use this form to report additional aid that you should receive for the 2024-2025 academic year that is not listed on your award letter.

List all Private Scholarship(s) you expect to receive for 2024-2025:

Source:	Semi-Annual Amt.	Annual Amt.	Renewable?
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Student Signature:	Date:
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Internal use ONLY Reviewed: _____ Scanned: _____ A1

RETURN FORMS TO: Lake Superior State University Financial Aid Office 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Phone: 906-635-2678 Fax: 906-635-6669 Email: finaid@lssu.edu
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