

## Outside Resources Affidavit

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge that I will not be receiving/applying for the following outside resource(s)\* \_\_\_\_\_ for the (FALL) / (SPRING) semester of the \_\_\_\_\_ academic year.

I, \_\_\_\_\_, fully understand that if I do receive this outside resource(s) that I may be obligated to repay all or a portion of the federal student aid offered to me.

**\*Outside resources could be in the form of scholarships, tuition waivers, fellowships, tribal grants, veteran's educational benefits, vocational rehabilitation benefits, etc.**

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