



**2007-2008  
Graduate Student Resources Form**

**GRADR**

OSU CWID (8-digits) or SSN (9 digits)  
(No Spaces)

Student Name:

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To ensure we make the most accurate award possible to you, we need to know of any other types of assistance you will be receiving for the award year. Your eligibility for federal assistance is based in part on your cost of education, expected family contribution, and other sources of financial assistance you will receive. Any change to these factors after your original award has been made may cause an adjustment to your eligibility and/or require repayment of some or all federal funds you received for which you were not eligible.

Please answer the following questions about other types of assistance you may be receiving as a graduate student. If you learn of other resources, or if the award(s) you indicate change after you submit this form, you should immediately notify the Office of Scholarships and Financial Aid by completing a new form. **No awards of federal aid will be made to you until we receive the following information.**

**Tuition Waivers:**

**In-State Tuition Waiver (if you won't receive a waiver, enter "0"):**

I will have \_\_\_\_\_ hours of in-state tuition waived for the fall semester.

I will have \_\_\_\_\_ hours of in-state tuition waived for the spring semester.

**Out-of-State Tuition Waiver (if you won't receive a waiver, enter "0"):**

I will have \_\_\_\_\_ hours of out-of-state tuition waived for the fall semester.

I will have \_\_\_\_\_ hours of out-of-state tuition waived for the spring semester.

**Supplementary Fellowships (if you won't receive a supplemental fellowship, enter "0"):**

(If you are unsure of the classification of your fellowship, check with your academic department.)

I will receive a Supplementary Fellowship in the amount of \$ \_\_\_\_\_ for the fall semester.

I will receive a Supplementary Fellowship in the amount of \$ \_\_\_\_\_ for the spring semester.

**Cash Scholarships:**

If you will receive any cash scholarships or partial tuition waivers, either from an OSU office/department or from a non-OSU agency, please provide this information in the correct boxes below:

**OSU award(s)** including scholarships and partial tuition waivers awarded by OSU academic departments:

Name of Award	OSU Awarding Dept/Office	Fall 2007	Spring 2008	Total
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

**Non-OSU award(s)** including, but not limited to, scholarships from non-OSU agencies, Vocational Rehabilitation funding, tribal grants and scholarships:

Name of Award	Awarding Agency	Fall 2007	Spring 2008	Total
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return to:**

Office of Scholarships and Financial Aid  
119 Student Union, Stillwater, OK 74078-5061  
Fax: (405) 744-6438 (if you fax, please do not mail the form)