

OSS19

## 2018-2019 OUTSIDE SCHOLARSHIP NOTIFICATION FORM

<b>Student's First Name:</b>	<b>UMMC ID (i.e. 300123456)</b>
<b>Student's Last Name:</b>	<b>Phone Number:</b>
<b>Student's Date of Birth:</b>	<b>Program/YR:</b>

**Reporting Outside Aid** – Your Award Notification should disclose all financial aid you are eligible to receive and scholarships you have been awarded. If you are receiving additional scholarships, grants, or tuition waiver that does not appear on your Award Notification, you will need to inform our office of the missing information. The earlier you provide this information to us, the more quickly we can make any needed adjustments. Delays may cause a late revision to your aid and therefore could cause you to owe a balance to UMMC. Failure to do so may result in a Federal Financial Aid over award which could terminate your future eligibility for Federal Student Aid.

**Scholarship amounts will be divided equally between semesters unless otherwise stipulated by the donor/organization. We request that if a check is for a specific term, (other than for full academic year), this should be noted in the memo field of the check.**

**Please do not include University of Mississippi or IHL such as MTAG on this form.**

Scholarship Name:	
Source:	Amount:
Invoice Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person:
Address:	
Award Period: <input type="checkbox"/> Summer Only <input type="checkbox"/> Fall Only <input type="checkbox"/> Spring Only <input type="checkbox"/> Summer/Fall/Spring <input type="checkbox"/> Fall/Spring	

Scholarship Name:	
Source:	Amount:
Invoice Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person:
Address:	
Award Period: <input type="checkbox"/> Summer Only <input type="checkbox"/> Fall Only <input type="checkbox"/> Spring Only <input type="checkbox"/> Summer/Fall/Spring <input type="checkbox"/> Fall/Spring	

Scholarship Name:	
Source:	Amount:
Invoice Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person:
Address:	
Award Period: <input type="checkbox"/> Summer Only <input type="checkbox"/> Fall Only <input type="checkbox"/> Spring Only <input type="checkbox"/> Summer/Fall/Spring <input type="checkbox"/> Fall/Spring	

### Required Signature

I certify that all the information reported is complete and correct.

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

Date \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.**

Return this form to:

**The University of Mississippi Medical Center**  
**Office of Student Financial Aid**  
2500 North State Street  
Jackson, MS 39216  
[financialaid@umc.edu](mailto:financialaid@umc.edu)

Print your Name and Student ID Number on All Documents. See <http://myu.umc.edu> for your Financial Aid Status