

## 2022-2023 Private Scholarship Notification Form

| Student's Name   |                        | Student ID/SSN   |                                     |                     |                      |  |
|--|------------------------|------------------|-------------------------------------|---------------------|----------------------|--|
|  |                        |                  |                                     |                     |                      |  |
| Name of Scholarship(s) or resource(s)  | Fall Amount            | Spring<br>Amount | Summer<br>Amount                    | Total               | Financial<br>Aid Use |  |
|  |                        |                  |                                     |                     |                      |  |
|  |                        |                  |                                     |                     |                      |  |
|  |                        |                  |                                     |                     |                      |  |
|  |                        |                  |                                     |                     |                      |  |
|  |                        |                  |                                     |                     |                      |  |
|  |                        |                  |                                     |                     |                      |  |
|  |                        |                  |                                     |                     |                      |  |
|  |                        |                  |                                     |                     |                      |  |
| If you learn of additional schol<br>this form, you must notify us in   | •                      | tional resources | s you will be rece                  | iving after you ha  | ve returned          |  |
| Note: If you have already receive<br>eligibility for federal, state, and in<br>aid package may be revised. Ple | stitutional aid will b | e re-evaluated.  | In compliance with                  | federal and state i | egulations, you      |  |
|  | ·                      | -                | •                                   |                     |                      |  |
|  |                        |                  |                                     |                     |                      |  |
| Student's Signature  |                        |                  | Date                                | Date                |                      |  |
| Financial Aid Resources and Planning Services Welcome Center   |                        |                  | Phone 608.785.9579 Fax 608 789 4760 |                     |                      |  |

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