

Yale SCHOOL OF NURSING

Office of Financial Aid

400 West Campus Drive
 Orange, CT 06477
 PO Box 27399
 West Haven, CT 06516-9072

T 203-737-1790
 T 203-737-3868
 F 203-436-9761
 nursing.yale.edu
 ysnfinancialaid@yale.edu

External Award Notification

Directions: Form must be completed in black or blue ink to be processed. Completed forms may be emailed to YSNfinancialaid@yale.edu, faxed to 203-436-9761 or mailed to Office of Student Affairs, Yale School of Nursing, P.O. Box 27399, West Haven, CT 06516-9072

External scholarships may lead to the reduction of federal/private loans and institutional scholarships.

Section 1: Student Information																	
First Name:	Middle Initial:	Last Name:															
Student ID Number#	NetID:																
Section 2: Financial Information																	
<p>List any employee benefits (do not list reimbursements, only scholarships) or external scholarships (this does not include gifts from family) that you will be receiving, <u>the amount</u> and the frequency of the award (e.g., one time, every semester)</p>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 33%;">Name of scholarship or sponsor</th> <th style="width: 33%;">Amount of external aid</th> <th style="width: 33%;">Frequency of award</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </tbody> </table>	Name of scholarship or sponsor	Amount of external aid	Frequency of award														
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Section 3: Certification																	
<p>Student signature _____ Date _____</p> <p style="text-align: center;">I hereby certify that the information given is true and complete. I agree to notify the Financial Aid Office immediately of any changes and understand that my aid may change as a result.</p>																	