Documentation of Outside Assistance

List below the outside (Non-Union University) assistance you will receive while enrolled. Please fill out completely and return to:
Union University Office of Student Financial Planning, 1050 Union University Drive, Jackson, TN 38305

Academic Year _____

Full Name: _____
Last First Middle

Student ID or Social Security Number _____

Cell/Work Phone: (_____)_____-_____ Home Phone: (_____)_____-_____

Email Address: _____

Major/Program of Study: _____ Campus Location _____

_____ Yes, I will be receiving Tuition Reimbursement.
Employer Name: _____
Employer Telephone Number: _____
The anticipated amount I will receive for Fall 20_____ $ _____
Winter 20_____ $ _____
Spring 20_____ $_____
Summer 20_____ $ _____

_____ Yes, I will be receiving WIA.
The anticipated amount I will receive for Fall 20_____ $_____
Winter 20_____ $_____
Spring 20_____ $_____
Summer 20_____ $_____

_____ Yes, I will be receiving VA Benefits.
The anticipated amount I will receive for Fall 20_____ $_____
Winter 20_____ $_____
Spring 20_____ $_____
Summer 20_____ $_____

_____ Yes, I will be receiving Other Financial Assistance.
Source: _____
The anticipated amount I will receive for Fall 20_____ $_____
Winter 20_____ $_____
Spring 20_____ $_____
Summer 20_____ $_____

The information on this application is true and correct to the best of my knowledge.

Student's Signature: _____ Date: _____