



Financial Aid Office

215 Graff Main Hall
 1725 State Street
 La Crosse, WI 54601
 608.785.8604
finaid@uwlax.edu
www.uwlax.edu/finaid

FA30-25/26 (2/25)-FSRNF

**Scholarship & Resource Notification Form
 2025-2026**

Student's Name _____ UWL ID# _____

Name of Scholarship(s)		Amount For 25-26	Financial Aid Office Use
_____	<input type="checkbox"/> Renewable ____ yrs.	\$ _____	
_____	<input type="checkbox"/> Renewable ____ yrs.	\$ _____	
_____	<input type="checkbox"/> Renewable ____ yrs.	\$ _____	
_____	<input type="checkbox"/> Renewable ____ yrs.	\$ _____	
_____	<input type="checkbox"/> Renewable ____ yrs.	\$ _____	
_____	<input type="checkbox"/> Renewable ____ yrs.	\$ _____	
Total		\$ _____	

Other Resource(s)	Amount for 25-26	
<input type="checkbox"/> Graduate Assistantship	\$ _____	
<input type="checkbox"/> Non-Resident Tuition Waiver	\$ _____	
<input type="checkbox"/> Residence Hall Assistant	\$ _____	
<input type="checkbox"/> Employer Tuition Reimbursement	\$ _____	
<input type="checkbox"/> Vocational Rehabilitation	\$ _____	
<input type="checkbox"/> Wisconsin GI Bill Tuition Waiver	\$ _____	
<input type="checkbox"/> National Guard Tuition Reimbursement Grant	\$ _____	
<input type="checkbox"/> Federal Military Tuition Assistance (TA)	\$ _____	
<input type="checkbox"/> Other State VA Benefits	\$ _____	
<input type="checkbox"/> Other _____	\$ _____	
Total		\$ _____

If you learn of additional scholarships or educational resources after you have returned this form, you must notify us in writing or on your WINGS Student Center. These outside resources may reduce the amount of the financial aid already offered, typically reducing the amount of loan eligibility first. We will notify you by campus email if a change is needed because of these additional resources.

 Student's Signature

 Date