FRANKLIN UNIVERSITY

2007-2008 FAC OUT
Declaration of Outside Tuition Assistance

Student Last Name

Student First Name **Student Social Security Number**

Will you receive tuition assistance from <u>any</u> of the sources listed below?

☐ **YES** fill in the amount you will receive for each term (if the amount is $0 for any term, you must put a $0 in that term) Then, put the yearly amount in the total column). **If you are unsure of the amount, you must estimate.**

☐ **NO** **DO NOT FILL OUT THIS FORM**

Source of Assistance	Amount for Summer '07	Amount for Fall '07	Amount for Winter '08	Total for all terms for 2007-2008 year
Employer Tuition Assistance?	,	,	,	,
Bureau of Vocational Rehabilitation, PIC, or JTPA?	,	,	,	,
Veterans Benefits *Chapter # _____*	,	,	,	,
National Guard	,	,	,	,
Ohio Tuition Trust Authority? (Prepaid Tuition)	,	,	,	,
Outside Scholarships Received or Expected	,	,	,	,
Name of Scholarship(s) _____				
Other Aid Resources not listed above. <u>DO NOT</u> include grants or loans	,	,	,	,
Name of other aid: _____				

Submit to: Franklin University
Financial Services
201 S. Grant Ave.
Columbus, OH 43215