2024-2025Outside Funding

Please return this completed form to the Of ce of Financial Aid by June 30, 2024

Student Name:	Student ID:
List any anticipated scholarships or grants not already listed on y	our Financial Aid Award Notification.
Scholarship or Resource Name	Annual Amount
Please do not include Church Matching or any o	ther Grace aid on this form.
Be sure to attach a copy of the statement/notification received or received without an attached statement from the awarding costs - tuition, fees, room, and board (if applicable).	
• Funds listed as "outside" on the award notification are estimated awarding agency. Students can view their account on portal. Billing Information section.	
Student Signature:	Date:
Email Address:@grace.edu Email Addre	ss:
Return to: Grace College - Of ce of Financial Aid 1 Lancer Way, Winona Lake, IN 46590	

E-mail: nancialaid@grace.edu