



DOCUMENTATION OF OUTSIDE ASSISTANCE FORM

List below the outside (Non-Union University) assistance you will receive while enrolled. Please fill out completely and submit to:
Union University Office of Student Financial Planning

Full Name: _____

Permanent Home Address: _____

Date of Birth: ____ / ____ / ____ Union ID or SSN _____ Email _____

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

Major/Program of Study: _____ Campus Location: _____

Outside Financial Assistance

_____ I will be receiving Tuition Reimbursement from _____
Employer _____ Phone _____

| | |
|---|--------------------------|
| Anticipated amounts: Fall 20 _____ \$ _____ | Winter 20 _____ \$ _____ |
| Spring 20 _____ \$ _____ | Summer 20 _____ \$ _____ |

_____ I will be receiving WIA.
Anticipated amounts: Fall 20 _____ \$ _____ Winter 20 _____ \$ _____
Spring 20 _____ \$ _____ Summer 20 _____ \$ _____

_____ I will be receiving VA Benefits.
Anticipated amounts: Fall 20 _____ \$ _____ Winter 20 _____ \$ _____
Spring 20 _____ \$ _____ Summer 20 _____ \$ _____

_____ I will be receiving Other Financial Assistance.
Anticipated amounts: 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: _____

Office of Student Financial Planning
1050 Union University Drive • Jackson, TN 38305-3697
www.uu.edu/financialaid • Phone 731.661.5015
finaid@uu.edu FAX 731.661.5570