

## OUTSIDE AID INFORMATION FORM FINANCIAL AID OFFICE

		Student ID Number: _	
	the university. Please include	nolarships, awards or grants you e scholarships, tuition reimburse	
lease complete only the se	ections applicable to your situa	ation.	
Scholarship/Award I	nformation (List non-St. Tho	mas sources of scholarships, grants	s, and/or awards
Scholarship/Award Nam	ne	Amount for 2020	school year
	<del></del>		
Tuition Reimbursem	ent Information		
Tuition Reimbursem	ent Information		
	ent Information		
Employer Name	ent Information  I on a percentage basis? y		
Employer Name	l on a percentage basis? y		
Employer Name  Are you being reimbursed  If yes, please indicate	l on a percentage basis? y percentage% the total dollar amount that y	es no ou will receive:	

University of St. Thomas Financial Aid Office, Mail 5007 2115 Summit Ave St. Paul, MN 55105

St. Paul, MN 55105 Phone: 651-962-6550 Fax: 651-962-6599

Mail, fax, or

deliver to:

or Deliver to: Graduate Financial Aid Office Terrence Murphy Hall, Suite 251 1000 LaSalle Ave

1000 LaSalle Ave Minneapolis, MN 55403