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## 2025-2026 Outside Aid Disclosure Form

**STUDENT:** \_\_\_\_\_ **FIDN#:A** \_\_\_\_\_  
Last Name First Name

If while attending Fordham University you are eligible for tuition remission or reimbursement or other outside aid, you are required to notify the Office of Student Financial Services of your eligibility.

You must complete and sign this section. Check either A or B.

- A.  At this time I am not aware of any additional outside aid. I will inform Fordham if and when I become aware of additional aid. **(SIGN BELOW)**
- B.  I am aware of the following:

Fordham Tuition Remission: \$ \_\_\_\_\_ Name of Employee: \_\_\_\_\_ Relationship: \_\_\_\_\_

Outside Tuition Remission/Benefit: \$ \_\_\_\_\_ Name of Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

Outside Scholarship/Aid

New York State Scholarship: Annual Dollar Amount

Name: \_\_\_\_\_ \$ \_\_\_\_\_  
 (Do not include Tuition Assistance Program – TAP)

Other Outside Scholarship/Aid: Annual Dollar Amount

Duration of the Award

Source: \_\_\_\_\_ \$ \_\_\_\_\_  1 yr  2 yr  3 yr  4 yr

Source: \_\_\_\_\_ \$ \_\_\_\_\_  1 yr  2 yr  3 yr  4 yr

Source: \_\_\_\_\_ \$ \_\_\_\_\_  1 yr  2 yr  3 yr  4 yr

Source: \_\_\_\_\_ \$ \_\_\_\_\_  1 yr  2 yr  3 yr  4 yr

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
**Student's Name (Print)** **Student's Signature** **Date**

\_\_\_\_\_  
**Parent's Name (Print)** **Parent's Signature** **Date**

**By signing this form, you certify the information reported above is true and accurate to the best of your knowledge. If additional information is requested, you agree to provide us with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature. We do not accept electronic signatures.**