



SYRACUSE UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIP PROGRAMS
200 Archbold North / Syracuse, NY 13244-1140
315.443.1513 / *finmail@syr.edu* / *financialaid.syr.edu*

Educational Resource Reporting Form
College Savings 529 Plans, Veterans Educational Benefits, Outside Organizations

Student's Name: _____ SUID#: _____

Please report any funds that you may receive for the 2006-2007 academic year from sources other than Syracuse University as required by federal regulations and/or University policy. Information will be verified with the Office of Bursar Operations.

Section A – College Savings 529 Plans

Indicate any disbursements that the student will receive from an educational College Savings 529 Plan. **Please attach a copy of the account statement as of December 2005 to this form.**

Name of Account Owner _____

Name of College Savings Plan (include state, i.e. New York State College Savings Direct Plan):

Relationship of Account Owner to Student _____

Principal balance in account \$ _____

Amount estimated to be disbursed this academic year \$ _____

Has the principal balance of the college savings plan been included as an asset on the student's Free Application for Federal Student Aid (FAFSA), as required?

- Yes, the principal balance of the college savings plan has been included as an asset on the FAFSA.
- No, the principal balance of the college savings plan has not been included as an asset on the FAFSA.
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Section B – Veterans Educational Benefits

Indicate Chapter and Monthly Benefit you expect to receive.

Chapter 30 – Montgomery GI Bill/Active Duty

Chapter 31 – Disabled Veterans

Chapter 1606 – Montgomery GI Bill/Selected Reserve

Chapter 1607 (new) Activated Reservists

Chapter 35 – Dependent Benefits for child of deceased or disabled veteran

Chapter: _____ Monthly Benefit \$ _____

Number of months benefits will be received if less than 9 months for the academic year. _____ months

Over

Section C – Outside Organizations

Indicate any scholarships (exclude Syracuse University scholarships and NYS TAP), student/parent employer tuition benefits/scholarships, tuition vouchers, state grants, ROTC, etc. Supporting documentation is required if you complete this section (i.e. scholarship award notification).

1. Name of organization or agency. _____
Amount of funds expected for the 2006-07 academic year. \$ _____
Will the scholarship be renewed annually? Yes____ No____ Don't Know____

2. Name of organization or agency. _____
Amount of funds expected for the 2006-07 academic year. \$ _____
Will the scholarship be renewed annually? Yes____ No____ Don't Know____

3. Name of organization or agency. _____
Amount of funds expected for the 2006-07 academic year. \$ _____
Will the scholarship be renewed annually? Yes____ No____ Don't Know____

4. List additional funds on a separate sheet or download another form from our web site *financialaid.syr.edu*.

Section D – Signatures

Sign and date below.

Date this form was completed: _____

Student Signature _____

Parent Signature _____

Return this completed form to:

Syracuse University
Office of Financial Aid and Scholarship Programs
200 Archbold North
Syracuse, NY 13244-1140
1-315-443-1513
finmail@syr.edu
financialaid.syr.edu