



2024-2025 Expected Additional Aid

Please add any aid you expect to receive from an external resource, which is any source outside of CMU.

Student Name: _____

Student CMU #: _____ **Date:** _____

Aid Source (name of donor/scholarship):

Amount:

Please note the actual funds must be received by the Office of Scholarships and Financial Aid before the money can be credited to your account.

Student Signature (Handwritten Required OR ELECTRONIC SIGNATURE USING GLOBAL ID)

Date

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID
WARRINER HALL 202, MOUNT PLEASANT, MI 48859
PHONE: (989) 774-3674; FAX: (989) 774-3634
[FINANCIAL AID PORTAL](#)