

E-mail: financialaid@grace.edu

Please return this completed form to the Office of Financial Aid by June 30, 2026

Student Name:	Student ID:
List any anticipated scholarships or grants not already listed on	your Financial Aid Offer.
Scholarship or Resource Name	Annual Amount
Please do not include Church Matching or any	other Grace aid on this form.
<ul> <li>Be sure to attach a copy of the statement/notification receiv or received without an attached statement from the awardin costs - tuition, fees, room, and board (if applicable).</li> </ul>	
<ul> <li>Funds listed as "outside" on the award notification are estimawarding agency. Students can view their account on portal. Billing Information section.</li> </ul>	
Student Signature:	Date:
Email Address:@grace.edu Email Addre	ess:
Return to: Grace College - Office of Financial Aid 1 Lancer Way, Winona Lake, IN 46590	