Clear Form Print Form

CMU
CENTRAL MICHIGAN UNIVERSITY

2026-2027 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