

(RSCNCL) Other Financial Assistance/ Resource Cancellation Form **2024-2025**

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U _____ Date of Birth: _____ / _____ / _____
Month Day Year

Instructions: Report additional resources online through OASIS -> Financial Aid -> My Award & Loan Information -> Aid Year 24-25 -> Resources/Additional Information

1. Additional Resource Description: _____

	Expected Amount (from OASIS)	New Amount
Fall: Expected Amount:	\$ _____	\$ _____
Spring: Expected Amount:	\$ _____	\$ _____
Summer: Expected Amount:	\$ _____	\$ _____

2. Additional Resource Description: _____

	Expected Amount (from OASIS)	New Amount
Fall: Expected Amount:	\$ _____	\$ _____
Spring: Expected Amount:	\$ _____	\$ _____
Summer: Expected Amount:	\$ _____	\$ _____

3. Additional Resource Description: _____

	Expected Amount (from OASIS)	New Amount
Fall: Expected Amount:	\$ _____	\$ _____
Spring: Expected Amount:	\$ _____	\$ _____
Summer: Expected Amount:	\$ _____	\$ _____

4. Additional Resource Description: _____

	Expected Amount (from OASIS)	New Amount
Fall: Expected Amount:	\$ _____	\$ _____
Spring: Expected Amount:	\$ _____	\$ _____
Summer: Expected Amount:	\$ _____	\$ _____

By signing this form, I certify that all the information reported to qualify for federal, state, and/or institutional student aid is complete and correct.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student's Signature: _____ Date: _____

All signatures must be handwritten, or signed with DocuSign. Typed signatures will not be accepted.