BENNINGTON COLLEGE

Financial Aid Office • One College Drive • Bennington, Vermont • 05201 • 802-440-4325 • fax 802-440-4880 • finaid@bennington.edu • www.bennington.edu

OUTSIDE SCHOLARSHIP FORM 2026-2027

Student's Name:	dent's Name: <u>Due: June 30th</u>				
	aduates must comple		•	•	
Complete this form	<mark>even if you did not</mark> re	eceive any oi	itside (non-Benning	iton) scnolarsnips.	
am awarded	received any outside s d any such scholarshi e. Please sign and re	ps, I will imm	ediately inform the I		
I have attach	awarded or I expect ned a statement(s) red s). These are the sch	ceived from t	ne awarding agency		
Scholarship Name	Annual amount of scholarship	Who will receive the payment?	If paid to Bennington directly, when do you expect the funds to arrive?	Is this a one-time award or is it renewable?	
	\$	☐ Student☐ College*		□ Once □ Yearly	
	\$	☐ Student☐ College*		□ Once □ Yearly	
	\$	☐ Student☐ College*		□ Once □ Yearly	
	\$	□ Student □ College*		□ Once □ Yearly	
	\$	☐ Student☐ College*		□ Once □ Yearly	
Would you prefer to leave scholarship funds?Note Would you prefer to have	ent to Bennington Co ything for this scholars yES ward notices with this want of the scholarship fund d to contribute out of poor of remaining need, this of e your family contributio OYES ye the funds split evenly financially advantageo	bllege directly ship to be particular worksheet so so toward your bocket?NO poption may continue the same and between the	y, please completed; such as send convex know what must be family contribution,YES envert some subsidized refund/replace studes fall and spring terms.	e the following: Infirmation of attendance, first the done. I reducing the amount your ed loan to unsubsidized loar ent or parent loans with the	
Student signature		Parent (of dependent student)		 	