Reimbursement/Third-Party Statement Request Form



Session required: SUMMER	R FALL	WINTER	
Please complete a separate form fo	or each award being reporto	ed	Awarding Organization/Employer
Outside Scholarship	University authorizatio	n or receipt required	by payer check attached
Third Party Voucher/Autho	orization attached.		
•			of account. I understand that it will contain II not be separated on the billing document).
Send by:			
Email	Fax		Mail to my address of record
Name		ID#	
Signature		Date	
Statement requests may be s	submitted in person or	mailed to:	
Office of Student Accounts Siena Heights University 1247 E Siena Heights Drive Adrian, MI 49221		OR	E-mail: studentaccounts@sienaheights.edu FAX: 517-264-7728

By signing this request form:

I understand that if I have received or intend to utilize financial aid to cover any portion or the session charges, it is my responsibility to report the amount of this reimbursement in writing to the Financial Aid Office at finaid@sienaheights.edu or fax: 517-264-7735

It's important to note that the amount of tuition reimbursement a student receives from his or her employer must be reported when the student applies for financial aid. Tuition reimbursement counts toward the total financial sources of the student, so this amount will be considered when the amount of aid to be awarded is determined. As a result, tuition reimbursement could mean that a student receives a lower amount of aid than they would have without it. In some cases, tuition reimbursement could also mean that students do not receive financial aid benefits at all, and if students receive an excess of financial aid, it could even result in having to pay back some portion of already received funds.