



2022-2023 OUTSIDE SCHOLARSHIP FORM

Name: _____

Harvard ID number: _____

I am writing to notify the HMS Financial Aid Office that I will receive/have received the following outside scholarship award(s) for the 2021-2022 academic year:

Name of Scholarship: _____ Amount: \$ _____

Name of Scholarship: _____ Amount: \$ _____

Payment(s) will be sent to:

- Student Harvard Medical School
Financial Aid Office
25 Shattuck Street Rm. 211
Boston, MA 02115

I agree to notify the HMS Financial Aid Office throughout the academic year should I receive any additional sources of outside support not already reported.

Signature: _____

Date: _____

Please submit form and copy of official scholarship letter through the [HMS Secure File Transfer Site](#)