



2023-2024 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 2023-2024 academic year:

Name of Scholarship: _____ Amount: \$ _____

Name of Scholarship: _____ Amount: \$ _____

Payment(s) will be sent to:

Student

Harvard Medical School
Financial Aid Office
Vanderbilt Hall Suite 111
107 Avenue Louis Pasteur
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](#)