



Request for Additional Funds

Last Name First Name M.I. Student ID#

(____)____-_____
Phone Number (Including Area Code) Date of Birth

This form is intended for students requesting additional funding based on extenuating circumstances and/or unusual conditions. In order for your request to be taken into consideration, you must submit

- A written/typed statement describing in detail
 - The extenuating circumstances and/or conditions that may affect your ability to cover your educational expenses
 - Why you/your family feel a request should be granted
 - The specific dates when your circumstance or conditions occurred
 - Please sign and date your statement
- Verification (proof) of your extenuating circumstances and/or unusual conditions

The evaluation and decision of this request will be based on the information contained within your statement and supporting documentation. Incomplete requests cannot be considered. Please be sure to attach this form to your statement and documentation.

By signing this form I certify the information I have provided for this request is complete and accurate to the best of my knowledge.

Student Signature

Date

*****FINANCIAL AID OFFICE USE ONLY*****

Request for Additional Funds: _____Approved _____Denied

Decision based on: _____

Financial Aid Advisors Signature _____ Date _____

Amount Awarded _____