2017-2018 REQUEST FOR FINANCIAL AID REVIEW
(for graduate students)

Student’s Name: ___________________________________________________________
last                                           first           mi
Student ID#: ____________________________________________________________

Select the categories below that apply to you.

☐ You are leaving the work force to return to school. Please complete the following:

  Summer ‘17          Fall ’17 thru Spring ’18
  (3 months)                     (9 months)

  Student’s income from work:     $__________       $__________
  Spouse’s income from work:      $__________       $__________
  Other taxable income (student and spouse): $__________       $__________
  Other untaxed income (student and spouse): $__________       $__________

☐ Childcare Expenses: Please submit a signed statement from the childcare provider
  listing each child’s name, the amount charged per week and the number of weeks covered.

☐ Computer Purchase (maximum $2500.00): Please submit either a copy of the receipt
  (if already purchased) or a quote from an authorized dealer indicating the projected cost.

☐ Unusual Medical or Dental Expenses: Please submit a copy of the Explanation of Benefits
  from your insurance carrier and an itemization of each charge (e.g. monthly prescriptions,
  doctor’s visits, required treatment).

☐ Other: Please submit a letter explaining your situation along with any relevant supporting
  documentation.

Certification: My signature and date below certify that the information provided on this form
  and all attachments are true to the best of my knowledge.

___________________________________________________________________________________
Student signature                            Date