2018-2019 REQUEST FOR FINANCIAL AID REVIEW
(for graduate students)

Student’s Name: ____________________________ Student ID#: __________________
lst                                           first           mi

Select the categories below that apply to you.

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

Summer ‘18             Fall ’18 thru Spring ’19
(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