

**EVANSTON OFFICE OF GRADUATE FINANCIAL AID
NORTHWESTERN UNIVERSITY**

1800 Sherman Ave - Ste 7200
Evanston, Illinois 60208
(847) 491-8950
(847) 467-2451(FAX)
gradfinaid@northwestern.edu

2024-2025 REQUEST FOR FINANCIAL AID REVIEW
(for graduate students)

Student's Name: _____ Student ID#: _____
 last 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 '24 (3 months)	Fall '24 thru Spring '25 (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