2019-2020 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 ‘19 (3 months) Fall ’19 thru Spring ’20 (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