## 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

## 2023-2024 REQUEST FOR FINANCIAL AID REVIEW

(for graduate students)

Student's Name:	'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 '23	Fall '23 thru Spring '24
(3 months)	(9 months)
\$	\$
\$	\$
\$	\$
\$	\$
	(3 months) \$ \$ \$

- □ **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.