

ADDITIONAL INFORMATION

Please use the space below to explain any information on this form or expand upon your family's circumstances. Attach a separate document if more space is required.

[Empty space for additional information]

| | |
|---|----|
| Amount of additional financial assistance requested to meet 2022/2023 educational expenses: | \$ |
|---|----|

Additional financial assistance is determined on a case-by-case basis and may be in the form of a loan, employment, or scholarship. Submission of this form does not guarantee an adjustment or increase to your financial assistance.

STUDENT AND PARENT CERTIFICATION

I/We certify that the information provided on this form is accurate and complete as of this date. I/We understand that the request of a financial aid reevaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

Parent Signature _____ Date _____

Parent Email _____

Student Signature _____ Date _____

Student Email _____

Please submit signed and completed form, along with supporting documentation, to the Office of Financial Aid. Contact information provided below for email (preferred method) and mail.