



## REQUEST FOR ADDITIONAL FINANCIAL ASSISTANCE

Date: \_\_/\_\_/----

1. Please fill out this entire form. All information will be kept confidential by the Tuition Assistance Committee and is required in order to be considered for additional financial aid.
2. Completion of this form does not guarantee an award will be made.
3. Completion of the FACTS Grant & Aid is required for financial assistance consideration.
4. An award may be withheld if the student account is in delinquent status.

Student Name(s) and Class of:

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Physical Address:

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City - State - Zip Code

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Parent/Guardian Phone Number:

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Parent/Guardian Email Address:

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Since the filing of the FACTS, has your income changed?

Yes

No

Since the filing of the FACTS, has your financial status changed?

Yes

No

If you answered Yes to either question, please explain why:

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Print Parent/Guardian Name:

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*Signature of Parent/Guardian:*

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