



323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015 Office of Financial Aid

810-989-5530 fax 810-989-5774 [www.sc4.edu](http://www.sc4.edu)

**REQUEST FOR ADDITIONAL FINANCIAL ASSISTANCE DUE TO UNUSUAL CIRCUMSTANCES**  
*(This form is to be used for additional funds, not for special circumstance requiring corrections to the FAFSA form)*

**Semester** \_\_\_\_\_ **Today's Date** \_\_\_\_\_ **Program of Study** \_\_\_\_\_

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ ID # \_\_\_\_\_

Student Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

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**Description of Unusual Circumstance:** \_\_\_\_\_

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**Itemization of Costs:**

Total Cost of Tuition & Fees \$ \_\_\_\_\_

Total Cost of Books \$ \_\_\_\_\_

Total Cost of Miscellaneous Fees \$ \_\_\_\_\_

(Less) Other Financial Aid \$ \_\_\_\_\_

(Less) Payment from Student \$ \_\_\_\_\_

**Amount of Funds Requested** \$ \_\_\_\_\_

*Office Use Only*

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Approved \_\_\_\_\_ Award Amt \$ \_\_\_\_\_ Award Code/Name \_\_\_\_\_

Award Amt \$ \_\_\_\_\_ Award Code/Name \_\_\_\_\_

**Total Award** \$ \_\_\_\_\_

Denied \_\_\_\_\_ Reason \_\_\_\_\_