



Office of Financial Aid
 323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015
 810-989-5530 fax 810-989-5774 sc4.edu

Request for Additional Financial Assistance

(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: _____ Student First Name: _____ Student ID #: _____

Student Address: _____ Phone #: _____

Email: _____

Description of Circumstance:

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 \$

Signature: _____

Date: _____

*Please return this form to the office of financial aid at finanicalaid@sc4.edu

Office Use Only

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

Total Award \$ _____

Denied _____ Reason _____