



Request for Additional Financial Assistance

(This form is to be used for additional funds, not for special circumstance requiring corrections to the FAFSA form)

Student Name: _____ Student ID or SS#: _____

Student Address: _____

Email Address: _____ Phone Number: _____

Semester: _____ Program of Study: _____

Description of Circumstances:

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	\$ _____

Student Signature: _____ **Date:** _____

Please print this form to sign

Once completed, please return this form to the Office of Financial Aid in-person in SC4's Welcome Center Room 251 or via email to financialaid@sc4.edu.