

Financial Aid Appeal Form

Student Name: _____ **A#:** _____

Additional Amount Requested for 2023-2024 Aid Year: _____

To request additional Financial Aid, submit the following to The Office of Financial Aid:

- **Submit the completed form.**
- **A statement explaining the reason for your appeal.**
- **Any additional supporting documentation to support the student statement.**

Student Signature: _____ **Date:** _____

For Questions please contact The Office of Financial Aid: FA@SULROSS.EDU