

Additional Aid Appeal Form

Student Name: _____ A#: _____

Additional Amount Requested for 2024-2025 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