NORTHWESTERN UNIVERSITY
STUDENT FINANCIAL SERVICES
555 Clark Street, 1st Flr
Evanston, Illinois 60208
(847) 491-8950
(847) 467-2451(FAX)
gradfinaid@northwestern.edu

2009-2010 REQUEST FOR FINANCIAL AID REVIEW

Student's Name:_____ Student ID#:_____
last first mi

Select the categories below that apply to you.

□ **You are leaving the work force to return to school.** Please complete the following:

	Summer '09 (3 months)	Fall '09 thru Spring '10 (9 months)
Student's Income from Work	$_____	$_____
Spouse's Income from Work	$_____	$_____
Other taxable income (student and spouse)	$_____	$_____
Other untaxed income (student and spouse)	$_____	$_____

□ **Childcare Expenses:** Please submit a signed statement from the childcare provider listing each child's name, the amount charged per week and the number of weeks covered.

□ **Computer Purchase** (maximum $3000.00)**:** Please submit either a copy of the receipt (if already purchased) or a quote from an authorized dealer indicating the projected cost.

□ **Unusual Medical or Dental Expenses:** Please submit a copy of the Explanation of Benefits from your insurance carrier and an itemization of each charge (e.g. monthly prescriptions, doctor's visits, required treatment).

□ **Other:** Please submit a letter explaining your situation along with any relevant supporting documents.

Certification: My signature and date below certify that the information provided on this form and any and all attachments are true to the best of my knowledge.

_____
Student signature Date