

Additional Aid Request Form

STUDENT INFORMATION (PLEASE PRINT OR TYPE)

 Last Name First Name M.I. Last 4 Digits of SSN

 Date of Birth Email Address Phone Number

ADDITIONAL AID REQUEST

I request that Pratt Community College award me additional aid for the following semesters:

☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

Please select one or more option(s) below:

- ☐ I wish to be awarded Pell.
- ☐ I wish to increase my student loans by _____ amount. ☐ Annual ☐ Per Semester
- ☐ I wish to increase my student loans to the max I am eligible for.
- ☐ I wish to decrease my student loans by _____ amount. ☐ Annual ☐ Per Semester

Independent Students In order to receive additional student loans above our standard amount (\$5,500 freshman, \$6,500 sophomore) a **typed statement must be submitted with this form**. Please explain why you are requesting additional funds and the amount you are requesting. Be advised that we cannot award more than your student budget will allow so you may not be awarded the full amount you request.

ACKNOWLEDGEMENT OF FORM

I understand that once grant aid has been disbursed, I cannot cancel my grant. Loans can be cancelled up to fourteen (14) days after disbursement. I request that the above revision(s) be considered in reviewing my applications. I understand changes are made based on my total need and availability of funds. I understand that any changes in my enrollment level can have an effect on the amount of aid that I am eligible for.

 Student Signature

 Date

Office Use Only

Completed By: _____ Date: _____