SIMPSON UNIVERSITY

Student Name: _____ Student ID#:_____

Street: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Email: _____

Return this form, complete with signatures, to Student Financial Services. Our office will review your situation and determine what additional documentation will be needed. Please note, there is no guarantee your request will be approved. In some situations, when an adjustment to the FAFSA is approved, the resulting change to the expected family contribution (EFC) is minimal and does not result in a change to the amount of financial aid for which a student may qualify. You will be notified in writing of the outcome of your request. Please allow 2-3 weeks for a response.

In the space provided below please explain your special circumstance(attached a separate sheet of paper if more room is needed):

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I (we) certify that all the information in this above statement is true and complete to the best of my knowledge. I (we) agree to provide additional documentation when requested. I (we) understand that approval of this request does not imply approval of any similar future requests.

_____ _____ _____ _____

Student Signature Date Spouse Signature (optional) Date

_____ _____ _____ _____

Father/Stepfather Signature (If dependent) Date Mother/Stepmother Signature (If dependent) Date

Return to:

Simpson University, Student Financial Services
2211 College View Dr. Redding, CA 96003
(530) 226-4621; FAX (530) 226-4855
financialaid@simpsonu.edu

Warning: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to prison, or both.