

**Financial Aid Office  
Quinsigamond Community College  
2009-2010 Request for Additional Financial Aid Funds**

Student Name: \_\_\_\_\_ College ID or SSN: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

Best Telephone Number to Reach Me at: \_\_\_\_\_

Number of Credits Fall 2009: \_\_\_\_\_ Number of Credits Spring 2010: \_\_\_\_\_

Does your program of study require Intersession enrollment?  Yes  No

Does your program of study require Summer enrollment?  Yes  No

If there are no grants for which you are eligible, are you willing to borrow a student loan to cover these expenses?  Yes  No

Detail all **educational** expenses for which you are seeking additional funds.

<u>Expense Description</u>	<u>Amount Needed/Semester</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Educational Expenses TOTAL: \$ _____</b>	

Detail any **other** expenses for which you are seeking additional funds. Be specific and attach documentation. Generally, grant funds will not be awarded to cover living expenses, e.g. rent and utilities. You may be eligible to borrow a student loan to cover these expenses.

<u>Expense Description</u>	<u>Amount Needed/Semester</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Other Expenses TOTAL: \$ _____</b>	

If there is any other information you would like us to consider, please make comments on the back of this form.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(OFFICE USE ONLY)**

**Processor Notes (Optional):**

Staff Initials \_\_\_\_\_  
Date Processed: \_\_\_\_\_