

SFAI FINANCIAL APPEALS FORM



Please review the following checklist to confirm that you have met the criteria for eligibility:

- I have met one or more of the extenuating circumstances noted in the policy located on the website
- I have applied for and accepted all available financial aid
- I have filled out the Financial Appeals form completely
- I have submitted all supporting documentation including but not limited to:
 - Letter of justification for appeal
 - Financial budget of monthly expenditures and income for the duration of my time at SFAI
 - Documentation from medical providers for medical appeals
- Financial Aid has not covered the full cost of my tuition for the semester I am appealing
- I have read the SFAI tuition refund/enrollment requirements and fees policies and am still eligible to file an appeal.

If you have not checked all of the above, STOP – You are NOT eligible for a Financial Appeal.

SFAI FINANCIAL APPEALS FORM



Please Print Clearly

Name:		Date:
Student I.D. #:	Academic Semester for appeal:	
Address:		Apt #:
City, State:		Zip Code:
Telephone:	Email address:	

Please explain the basis of your appeal on a typed, attached document. ATTACH copies of all supporting documentation, statements, or letters with this appeal form. **If you are requesting SFAI institutional aid, please specify EXACTLY how much aid you are requesting.**

Note: By Signing below I certify that the information I have provided is both accurate and true to the best of my knowledge and I have read and understand the guidelines included with this form. I understand the decision of the Financial Appeal Committee is FINAL and not subject to appeal.

Student's Signature: _____

Date of Submission: _____

Committee use only:

Approve Partial Approved Denied Does not meet requirement

Comments:

Committee Action(s)/Notes:

