REQUEST FOR ADDITIONAL FINANCIAL ASSISTANCE

Please fill out this entire form. All information will be kept in confidence by the Tuition Assistance Committee and is required in order to be considered for additional financial aid. Completion of this form does not guarantee an award will be made. Completion of the PSAS is required for financial assistance consideration. An award may be withheld if the student account is in delinquent status.

Student Class		Class of	of	
Address				
City	Zip Code			
Home Phone	Work phone			
Since the filing of the FACTS, has your in	ncome changed?	Yes	No	
Since the filing of the FACTS, has your f	inancial status changed?	Yes _	No	
If you answered Yes to either ques	stion, please explain:			
What amount of assistance are you receiv	ring for the school year?	\$		
What amount of tuition can you afford to	pay each year?	\$		
Please provide any additional information	n you would like the comm	ittee to cons	ider:	
Parent or Guardian Signature:				
Date:				
Please return to Terri Wysocki at the addr	ress provided below, or to v	vysocki@cb	hs.edu	