

needed):

TEXAS SOUTHERN UNIVERSITY Joan M. Lafleur College of Pharmacy & Health Sciences

## **REQUEST FOR FINANCIAL ASSISTANCE**

I am requesting financial assistance for: Fall Spring Summer I Summer II Academic Year: Student Last Name: Student First Name: T Number: Cell Phone: **TSU Email:** @student.tsu.edu Personal Email: Mailing Address: Anticipated Graduation (semester/year): Major: Current TSU GPA: **Credit Hours Completed: Classification:** Types of aid received? Grants Did you apply for Financial Aid? Yes No Loans **Scholarships** Amount of aid requested: \$ (\$1000 max) Describe in detail any verifiable circumstances that are resulting in your request for financial assistance and why you are requesting the specific amount noted above (please submit an attachment if more space is

## \*\*Please attach copies of your transcripts, your bill for the current term and any documents that support your request (bills, bank statements, etc)\*\*

By signing below, I attest that all information provided is factual. I understand that the maximum amount of aid available is \$1000, balance must be less than \$2000, and that assistance is based on available funds and are not guaranteed.

Student Signature:	Date:
OSS:	Date:
Dean:	Date:

Office of Student Services | 3100 Cleburne Street, Gray Hall Suite 134, Houston, TX 77004 cophsoss@tsu.edu | (713) 313-6700 | <u>www.tsu.edu/cophs</u> Revised 10/2023