



Miles College  
 Office of Financial Aid  
 P.O. Box 39800  
 Birmingham, AL 35208  
 PHONE: (205) 929-1665 • FAX (205) 929-1668

**NOTE: THE FINAL DATE FOR THE SUBMISSION OF THIS DOCUMENT IS ONE WEEK AFTER THE SCHOOL'S PUBLISHED DATE FOR THE START OF CLASS FOR EACH ACADEMIC SEMESTER OR ACADEMIC SESSION**

**Subject: Justification for funds to assist with meeting additional educational cost**  
**NOTE: PLEASE PROVIDE ALL OF THE DATA REQUESTED**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ School assigned ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date: \_\_\_\_\_

You will be notified by the Financial Aid Administrator of the decision of the Financial Aid Budget and Disbursement Committees, via mail within 5 business days after the published date for the start of class.

1.0 I am requesting consideration for additional financial assistance to assist me in meeting the following educational cost (if the request is for housing you must complete 2.0 also).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2.0 If the reason stated above involves housing, please secure a statement from the College's Housing Director, showing that you applied for on-campus housing.

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

3.0 Housing Director's Assessment

- Student applied for on-campus housing prior to the housing deadline date but a space was not available
- Student did not apply for on-campus housing by the housing deadline date.
- Student applied for housing; was assigned housing but he/she declined the housing.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Director of Housing

<u>COMMITTEE'S USE ONLY</u>		
_____ APPROVED    _____ DENIED    _____ RECOMMENDATION		
Comments: _____		
Signature: _____	Financial Aid for the Committees	Date: _____