



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: PROVIDE ALL OF THE DATA REQUESTED TO SPEED UP PROCESSING

Name: _____ SSN: _____ School assigned ID#: _____

In order to qualify for the Off-Campus Budget to cover off-campus housing expenses, you must follow these instructions:

- A. Make application for on-campus housing through the college's housing department on or before the Housing deadline date.
- B. Pay the housing reservation fee and/or deposit on or before the deadline date.
- C. The Request for an Increase Form must be completed and signed off on by the Director of Campus Housing.
- D. Submit the Request for an Increase Form to the Financial Aid Office. The final date for submission is one week after the school's published date for the start of class for each academic semester or academic session.

Note: Completion of these four requirements does not automatically ensure funding for off-campus living. The Financial Aid Debt Management Committee will make the final recommendation for approval or denial.

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 in item 1.0 involves housing, please secure a statement from the College's Housing Director, showing that you applied for on-campus housing (*item 3.0 on this form*).

Student's signature: _____ Date _____

3.0 Housing Director or her/his designee's use only:

3.1 Housing Director's Assessment

- Applied for on-campus housing prior to the housing deadline date, a space was not available.
- Did not apply for on-campus housing by the housing deadline date.
- Applied for housing; was assigned housing but she/he declined the housing.
- Comments: _____

Housing Director's Signature: _____ Date _____

(OVER)

ADDITIONAL STUDENT DATA:

Contact address: _____
Address City State Zip Code

Contact Phone Number: (_____) _____
(Area Code)

COMMITTEE'S USE ONLY

_____ APPROVED _____ DENIED _____ RECOMMENDATION

Comments: _____

Signed: _____ Financial Aid Administrator for the Committee

Date: _____