ADDITIONAL FUNDING REQUEST BASED ON EXTENUATING CIRCUMSTANCES 2024-2025

Student Name: _____ CBU ID Number: _____

1. Explanation

Please explain how your circumstances merit consideration for extenuating circumstances or attach a letter of explanation.

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CERTIFICATION:

All of the information on this form and any included supporting documentation is true and complete to the best of my knowledge.

_____

STUDENT SIGNATURE DATE

_____

PARENT SIGNATURE *(for Dependent Students only)* DATE

Approved _____ Rejected _____

_____

DIRECTOR DATE