

Office of Student Finance
630 US Highway 1
North Brunswick, NJ 08902
Phone (732) 509-4764
Fax (732) 509-4821

**Office of Student Finance
2017-2018 Financial Aid Increase Request
Hurricane Maria Relief**

Student's Name

Student's Tel #

RUSM Email

_____@students.rossu.edu

Ross University School of Medicine recognizes that special circumstances may affect a cost of attendance. Financial Aid, in accordance with federal regulations, establishes a standard student budget for all aid recipients based on expected educational related expenses.

However, adjustments may be considered during special circumstances. This form is designed to document such information for review by the Office of Student Finance. Based on the information submitted, receipts may be required. Complete all sections of this form and submit it to FinAid@rossu.edu. Decisions are final and are based upon the regulations established by the U.S. Department of Education.

Step 1: While we cannot increase financial aid to cover all items that may have been damaged or lost during a Natural Disaster, (i.e. cars, etc), we can use professional judgment to increase your financial aid to cover educational related expenses that may be necessary to continue your studies in medical school. Provide a brief narrative of your request for additional funds that will help you to continue your educational pursuit.

Step 2: Indicate the total amount requested: \$ _____

Step 3: Please itemize your request below. This must add up to the requested amount.

- | | |
|----------------|------------------------|
| 1) Item _____ | Amount requested _____ |
| 2) Item _____ | Amount requested _____ |
| 3) Item _____ | Amount requested _____ |
| 4) Item _____ | Amount requested _____ |
| 5) Item _____ | Amount requested _____ |
| 6) Item _____ | Amount requested _____ |
| 7) Item _____ | Amount requested _____ |
| 8) Item _____ | Amount requested _____ |
| 9) Item _____ | Amount requested _____ |
| 10) Item _____ | Amount requested _____ |

*Please attach an additional sheet if needed.

Step 4: Student's certification

I certify that:

- The information provided on this form and supporting documents is true and complete to the best of my knowledge.
- I agree to provide additional documentation, if requested.
- I understand that submission of a professional judgment form does not guarantee that my financial aid will be adjusted.
- The items listed were a direct result of a loss or cost incurred related to the Hurricane.
- This was not covered by personal insurance.
- I understand that if I purposely give false or misleading information, I may be subject to a \$20,000 fine, a prison sentence, or both.

Student's Name/ Student's ID

Date

FA Approval [Office Use Only]

Approved by

Date