

Office of Residence Life

Financial Hardship Certification

Return to the Residence Life Coordinator

		A&M-Texarkana CWID (8 digits) or SSN (9digits)			s)						
Student Name					(No	Spac	es)				
TO BE COMPLETE BY THE FINANCIAL AIL	O OFFICE:										
Fall Financial Aid Package	Spring Financial Aid Package				Summer Financial Aid Package						
Grants	Grants			Grants							
Loans	Loans			Loans							
Scholarships	Scholarships			Scholarships							
Outside Funds	Outside Funds				Outside Funds						
Y or N Eligible for more funds?	Y or N Eligible for more funds?				Y or N Eligible for more funds?						
If so, how much?	If so, how much?			If so, how much?							
Student did not apply for funds t	hrough the FAFSA										
Financial Aid Signature			Date								
						_					
Semester(s) / Year(s) that I am app	lying for: Fall 20	/ \$	Spring	g 20							
Request (check one):	Alternative Meal Plan: _			Or Off Campus:							
I also understand that if this exemption charges to my University account			s rev	oked	d, I w	vill b	e res	spon	sible	for	
Student Signature		Date									

This form is applicable for one (1) Academic Year Only. The student must reapply prior to each fall semester.