

**College of Education
Department of Teaching and Learning/Office of Student Services
Student Request for Financial Assistance**

Name _____ WSU ID# _____

Email address: _____

Amount requested: \$ _____

Funds will be used for: _____

** The Department of Teaching and Learning's ability to provide financial assistance is dependent upon the availability of funds at the time this form is submitted. It is also important to note that students are not typically granted the entire amount requested and will be responsible for the remainder of the amount due.*

Please provide details regarding your current financial situation including any financial aid awards you have received: _____

Student Signature

Date

Students requesting financial assistance must provide verification of support by a WSU advisor, faculty member or administrator. Please obtain his/her signature indicating support of your request.

Supporting party signature

Date