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