Financial Aid Appeal Form 2016-17
Schreiner University | Attn: Financial Aid Office
2100 Memorial Blvd. | CMB 6228 | Kerrville, TX | 78028-5697
Phone: 830-792-7217 | 800-343-4919
Fax: 830-282-4638 | Email: finaid@schreiner.edu

Student Name: ______________________________ ID/SS#: __________________

The Office of Financial Aid intentionally awards the best package to each student upon initial application and considers only the most urgent appeals. Funds are limited and that scarcity should be considered when requesting additional aid.

Reason for Appeal: Additional assistance needed so student can attend.
Students must have completed the following to be eligible for consideration:
✓ Student has accepted full amount of Federal Direct loans for their grade level.
✓ Parents have been denied on PLUS loan.
✓ Parents have been denied as co-signer on student alternative loan (if you have been denied on the PLUS this is sufficient documentation).
✓ There is no one else who will co-sign for the student.
✓ Parents have reviewed the payment plan and can not make the required monthly payment.

Balance remaining for the school year: ____________________

Parents have reviewed the payment plan and will commit to monthly payments of $________

What is the remaining amount you are asking the school to pay? ________________

What situations do you want the school to be aware of? Please tell us everything you feel is pertinent to your situation and commitment to attending Schreiner University:

_________________________________________________________________________
_________________________________________________________________________

Student signature ___________________________ Date ___________________________

Parent signature for dependent students only