

Texas Southern University
Joan M. Lafleur
College of Pharmacy and Health Sciences
Office of Student Services
Gray Hall Suite 134
3100 Cleburne St. Houston, TX 77004
cophsoss@tsu.edu

REQUEST FOR FINANCIAL ASSISTANCE

Semester Requesting Aid for (check one): Fall ___ Spring ___ Summer I ___ Summer II ___ Academic Year: ___

Student Name (Last, First): _____ T Number: _____

Mailing Address: _____

Personal Email: _____ TSU Email: _____ @student.tsu.edu

Current Major: _____ Anticipated Graduation Date (Semester/Year): _____

Number of Credit Hours Completed: _____ Current TSU GPA: _____ Classification: _____

Did you apply for Financial Aid? Yes ___ No ___ Check all aid received: Grants ___ Loans ___ Scholarships ___

Amount of financial assistance requested: \$ _____ (\$1500 max) Cell Phone: _____

*Describe in detail any **verifiable** circumstances that are resulting in your request for financial assistance and why you are requesting the specific amount noted above (please submit an attachment if more space is needed):*

****Please attach copies of your transcripts, your bill for the current term and any documents that support your request (bills, bank statements, etc.)****

Student Signature: _____ Date: _____

ADSS Approved: _____ Date: _____

Dean Approved: _____ Date: _____