



**WORCESTER**  
S T A T E  
**UNIVERSITY**

Financial Aid  
Phone: 508-929-8056  
Fax: 508-929-8194

NAME: \_\_\_\_\_  
\_\_\_\_\_  
ID#: \_\_\_\_\_

FAC25ADV

**REQUEST FOR FINANCIAL AID ADVANCE**

In order for us to consider your request for special advance payment of your Financial Aid funds, you must submit a written request detailing the reason(s) for your request. Please use the space below to make your request and to itemize the expenses to be included in the advance.

In addition, you must provide copies of all documents to support the need for the advance. Valid documentation may include, but is not limited to: overdue utility bills, notice from landlord or copy of lease for rent due, termination of daycare for dependent child care, etc.

Brief explanation for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rent: \_\_\_\_\_  
Electric: \_\_\_\_\_  
Heat: \_\_\_\_\_  
Medical: \_\_\_\_\_  
Daycare: \_\_\_\_\_  
Other: \_\_\_\_\_  
(Please Specify)

Amount Requesting: \_\_\_\_\_

By signing this form, I UNDERSTAND ALL OF THE FOLLOWING:

1. A REQUEST FOR ADVANCE WILL NOT BE REVIEWED UNTIL AFTER ADD/DROP HAS OFFICIALLY ENDED AND ALL CREDITS ARE FROZEN.
2. CHANGES TO MY ENROLLMENT AND/OR HOUSING STATUS WILL DELAY MY ADVANCE.
3. CHECKS WILL NOT BE AVAILABLE ANY SOONER THAN 10 DAYS AFTER THE END OF ADD /DROP.
4. REVIEW OF THIS FORM MAY TAKE UP TO 2 WEEKS (OR LONGER IF THERE ARE CHANGES TO MY ENROLLMENT AND/OR HOUSING STATUS).

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_