

Summer Cost of Attendance Appeal Personal Statement

A. Student Information			
Name:		NAU ID:	
Phone:		NAU E-mail:	
B. Term Information			
For which term are you requesting a Cost of Attendance increase?			
Summer _____			
Have you submitted a previous Cost of Attendance appeal for this aid year?			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, for which term? _____			
C. Please explain in detail how the items listed on your Budget Appeal Form pertain to your education and impact your academic pursuits.			
I. Agreement and Understanding			
By signing below, I acknowledge that all information that I am providing is true and accurate.			
Signature must be hand-written , typed or electronic signatures will not be accepted.			
Typed – Student First and Last Name			
Student Signature			
Date Submitted			