

## Work Study Additional Funds Appeal Form

Office of Financial Aid and Scholarships • Indiana University South Bend • P.O. Box 7111 • South Bend, IN 46634-7111 Phone: (574)520-4357 Fax: (574) 520-5561 Email: sbfinaid@iusb.edu Website: financialaid.iusb.edu This form is to be used by students who already have a work study job and need additional funds to complete the term. Example: I work in Financial Aid and have a limit of \$2800. I have used all but \$200 of my allotment and need additional funds to complete the term. This form must be submitted to the Financial Aid Office a minimum of TWO WEEKS prior to needing the funds/paperwork. Student Name PS ID # Date \_\_\_\_\_ Academic Period (circle one) Academic Year Summer If you work under multiple account numbers or for more than one department, please provide the account number/department for which you are requesting additional funds. Amount of additional funds requested: Account number/Department, if applicable:

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