



INDIANA UNIVERSITY
SOUTH BEND

Work Study Additional Funds Appeal Form

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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 _____

Student ID # _____ Date _____

Academic Period (check 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: _____