

## HEALTH EMERGENCY REQUEST FORM

Academic Year \_\_\_\_\_

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

The cost of individual health related emergencies, maximum of \$5,000 each academic year, can be added to your financial aid budget. This addition increases loan eligibility typically to the federal Graduate PLUS loan. Submit this form together with documentation of the emergency as well as any billing notices. Submission of this signed document authorizes certification of additional loan funds.

***Certification:*** *I request that my financial aid budget be increased, based on this insurance premium cost request. I certify that the information I have provided is true. I understand that misrepresentation of facts in connection with this request may be sufficient cause, in and of itself, for cancellation or repayment of my financial aid specific to this loan request.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_