

5<sup>TH</sup> YEAR SENIOR FUNDING REQUEST

**I. Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ IU Email: \_\_\_\_\_  
 Cohort: \_\_\_\_\_ HHSP Advisor: \_\_\_\_\_

**II. Academic Information**

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_  
 Cumulative GPA: \_\_\_\_\_ Enrolled Credit Hours: \_\_\_\_\_

Briefly describe your professional goals and/or post-baccalaureate plans:

\_\_\_\_\_  
 \_\_\_\_\_

Briefly describe the circumstances that led to your need for a fifth year of coursework:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Financial Information**

Please list all support you have acquired or solicited to help cover your additional school costs.

Organization:	HHSP	Amount Requested:	\$ _____
Status:	<input type="checkbox"/> Awarded <input type="checkbox"/> Denied	<input type="checkbox"/> Pending	
Organization:		Amount Requested:	
Status:	<input type="checkbox"/> Awarded <input type="checkbox"/> Denied	<input type="checkbox"/> Pending	
Organization:		Amount Requested:	
Status:	<input type="checkbox"/> Awarded <input type="checkbox"/> Denied	<input type="checkbox"/> Pending	
Organization:		Amount Requested:	
Status:	<input type="checkbox"/> Awarded <input type="checkbox"/> Denied	<input type="checkbox"/> Pending	

Term Requesting Funds:                       Fall     Spring     Full Academic Year

**IV. Pledge**

I hereby certify that I have completed this request to the best of my ability and in truth.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

FOR OFFICE USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Awarded: _____
<input type="checkbox"/> Notified	Date: ____ / ____ / ____	
Staff Signature: _____		
Notes: _____		