

Appendix D

Financial Assistance Request Confidential

Part 1 - Completed by student:

Name:	
Address (to send payment):	
Social Security Number:	
Day time phone number:	
Class completed:	
Location of class completed:	
Amount of financial assistance requested:	

Reason for financial assistance:

Date:	
Name (signature):	

- Check to indicate receipt is attached indicating the amount paid by the student and what service was rendered.
- Check to indicate the receipt is not older than 12 months.

IMPORTANT - If approved, the student will be sent a University of Maryland "Miscellaneous Payment Request" form. Signature of this form is required to verify that the financial assistance being received was a valid expenditure and will not be reimbursed to the individual by any other source. If this form is not signed and returned, the reimbursement will not be provided to the student.

Part 2: Completed by Training Coordinator:

Valid receipt attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Final class grade:	
Name:	
Date:	

Part 3: Completed by Administrative Services Section:

Amount of financial assistance paid:	
Name:	
Date:	

If approved:

Miscellaneous Payment Request sent to student (date):	
Miscellaneous Payment Request received from student (date):	
Payment issued (date):	