Misc.-Form B **Student's Low Income Letter**

Date: _____

Name: _____ Student ID: _____
Address: _____
City, State, Zip _____

We have reviewed your financial aid file and have determined that we need additional information.

We have received our copy of your Student Aid Report (SAR). Your total income appears to be unusually low. Please complete the section below and return this form to the Financial Aid Office within 10 days.

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