





RETURN TO: Office of Financial Aid | 101 Gates Hall  
1900 W. 7<sup>th</sup> Street, CMB #1266, Plainview, TX 79072  
finaid(yourcampus)@wbu.edu or finaidhelp@wbu.edu (Plainview)

**Additional Information**

Please use the space below to explain any information on this form or expand upon your family's circumstances. Attach a separate document if more space is needed.

Amount of additional financial assistance requested to meet 2023-2024 educational expenses: \_\_\_\_\_

**Student and Parent/Spouse Certification**

I/We certify that the information provided on this form is accurate and complete as of this date. I/We understand that the request of a financial aid reevaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

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

Parent/Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and submit completed form, along with supporting documentation to the Office of Financial Aid.**