

Name: _____

ID: _____

2019-20 Tuition Paid-Student (730)

Western Illinois University

Financial Aid Office
Sherman Hall 127
1 University Circle
Macomb, IL 61455-1390
Phone: 309/298-2446
FAX: 309/298-2353

I am requesting a special review of my 2019-20 financial aid application because I paid at least \$1,500 for grade/high school tuition for my child(ren) in 2017-2018.

- I have attached a statement from the **grade/high school(s)** showing the tuition paid in the 2017-2018 academic year for each child in my household.
- I have completed the chart below.

Child's Name	Tuition Paid in 2017-2018 <i>(excluding books and college expenses)</i>
	\$
	\$
	\$
	\$

Student's signature _____ Date _____