



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

24-25 Re-Evaluation Request: Merit-Based Aid

Student Name: _____ ID: _____

If you believe a second-look at your merit-based award is appropriate, Sacred Heart University requests the following:

- Completion of this document, including other University's costs
- Personal letter requesting re-evaluation
- Copies of your merit-based award letters from comparable institutions

Note: Comparable institutions are viewed as four-year, private, not-for-profit institutions that do not offer in-state tuition for students residing and attending in their legal state of residence.

Institution & Cost	Sacred Heart University	School Comparison 1	School Comparison 2
Tuition & Fees*	\$ 50,404		
Food & Housing* (incl. Meal Plan)	\$ 19,140		
Total Direct Cost	\$ 69,544		
University Scholarships/Grants			
Federal Grants			
State Grants			
Total Scholarships/Grants			
Net Cost (Total Direct Cost – Total Scholarships/Grants)			

**Please note the Sacred Heart costs listed above are projected and subject to change based on course load, residential hall, meal plan selection and program-related fees, as well as Board of Trustee approval.*

You will receive information regarding the outcome of your request from our email: sfa@sacredheart.edu

Certification

I certify that the information provided above is true and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

This document may be submitted to the Office of Student Financial Assistance only via [SHUAwards](#) (Menu > My Documents > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.

5151 Park Avenue, Fairfield, CT 06825 203-371-7980 (*phone*) 203-365-7608 (*secure fax*)