

Office of Student Financial Assistance

25-26 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
- o Copies of your merit-based award letters from comparable institutions

Institution & Cost	Sacred Heart University	School 1	School 2	School 3
Tuition & Fees*	\$ 52,410			
Food & Housing* (incl. Meal Plan)	\$ 19,900			
Total Direct Cost	\$ 72,310			
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 via the following:

- SHUAwards (Menu > Documents & Messages > Upload it now!) If you plan to submit this appeal via SHUAwards please let us know at SFA@sacredheart.edu so we can ensure an upload link is available to you. All documents must be scanned into a single file or uploaded all at once.
- Secure fax 203-365-7608
- Mail or in-person to 5151 Park Avenue Fairfield, CT 06825