SOUTHEASTERN LOUISIANA UNIVERSITY
Hardship Waiver Inquiry Form

Student’s Name: __________________________________ University ID: W_______________

Telephone Number: __________/_________________________

Semester of Inquiry: ______________________

In order to qualify for the Hardship Waiver you must
• be a Louisiana resident
• be a full time student
• maintain continuing academic eligibility for federal financial aid
• qualify for Pell Grant as determined by the Department of Education (undergraduate students only)
• have applied for and qualified for financial aid and have accepted full amount of all aid offered
• have fulfilled all requirements to receive aid

Student’s Signature: __________________________________ Date: _______________________

Form must be returned by the 14th class day of the semester in which you are applying.

Completed form may be returned to the Office of Financial Aid by:
• emailing an attachment to finaid@selu.edu
• faxing to 985-549-5077
• mailing to Southeastern Louisiana University, Office of Financial Aid, SLU 10768, Hammond, LA 70402
• delivering to Office of Financial Reception, North Campus Financial Aid Building, Room 121

Section below for office use only

Received Date: ________________________

Eligible Ugrd (4652): ______ Award Amt: $___________
Eligible Grad (4929): ______ Award Amt: $___________
Eligible Grad MBA (5659): ______ Award Amt: $___________

TO DETERMINE ELIGIBILITY
LA Resident: ______
Full Time FA Load: ______
FA SAP: ______
Grad/Ugrd: ______
Pell Recipient (Ugrd Only): ______
All Eligible Aid Accepted: ______
Amount of Aid Accepted: ______

Communication Assigned: ____________________________ Comment: ____________________________
Signature of FAO: ____________________________ Date: ____________________________

V01052016