# Financial Aid Applicant Narrative 2009-10

**Return to:** **Office of Financial Aid & Scholarships**
**California State University, Bakersfield**
48 SA
9001 Stockdale Highway - Bakersfield, CA 93311-1022
Telephone: (661)654-3016 FAX: (661)654-6800
Web: http://www.csub.edu/finaid E-Mail: finaid@csub.edu

Financial Aid Applicant Information:

Student Name: _____ CSUB Id: _____
*(Please Print)*

Signature: _____ Date: _____

This form may be used to document any financial aid related request or explanation. For example, explanation of an aid recipient's lack of academic progress, request for a change in work-study placement, request to change Financial Aid Counselors, etc.

**Please provide a brief request or explanation:**

**The space below is for Financial Aid Office Use Only:**