



**SAN JOSÉ STATE
UNIVERSITY**

Financial Aid and Scholarship Office ♦ One Washington Square ♦ San Jose, CA 95192-0036 ♦ Voice: 408-283-7500 ♦ Fax: 408-924-6089

Date _____

TO: Financial Aid and Scholarship Office

FR: _____
Faculty Representative Department

RE: SAN JOSE STATE UNIVERSITY WIRELESS LAPTOP PROJECT

Our department has verified that _____ will be eligible
Last Name First Name

to participate in the San Jose State University Wireless Laptop Project through our department.

(Student Signature) (Date)

(Student ID Number)

NOTE: The Financial Aid Office will answer any specific questions for you, but please understand that this request does not increase your grant eligibility but may require that you obtain a Stafford Loan (if eligible) to pay for this equipment. All students will be required to complete the financial aid application process to determine eligibility for assistance.

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Financial Aid Office Use Only:

- Student has been counseled regarding aid eligibility
- Cost of attendance revised

Completed by _____ Date _____