



Early Withdrawal/Hardship Appeal Form

This form is to be used if student wishes to appeal to the Cass Kickstart Administrator in the case of hardship to initiate early withdrawal of privately donated funds. (Privately donated funds are defined as funds deposited by family.)

Student Name: _____

Student ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email address: _____

Reason/Hardship explanation: _____

By signing this form, I certify that the above facts are true to the best of my knowledge. I understand that withdrawing funds not used toward my continuing education may cause these funds to be taxable by the IRS.

Signature _____ Date _____

Print Name _____

Internal Use only: check # _____ amount _____ date sent _____ initials _____ decision _____