



For Office Use Only:
 Approved for \$ _____ Denied
Comments: _____
Director Signature: _____ Date: ____/____/____

REQUEST TO COVER HEALTH INSURANCE COSTS

Student Information

Date: ____/____/____

Last Name: _____ First Name: _____
Soc. Sec. Num.: _____ - _____ - _____ E-mail: _____
Telephone: (H) _____ - _____ - _____ Telephone: (C) _____ - _____ - _____
Request is for (Term): _____ (Year): _____
Program of Study: _____

Subsidizing Health Insurance Notice

Health insurance costs can only be covered by Re-Entry if the insurance is **required** by your course and study and **you cannot afford** to pay for it yourself.

Personal Statement

I request that the Re-Entry Center pay my Health Insurance fees for the following reason:

Signature of Applicant: _____ Date: ____/____/____

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