Cost of Attendance
Adjustment Request 2016-2017

Student’s ID Number: __________________________  Student’s Email: ______________________________

Student’s Name: ________________________________  Student’s Cell Phone #: _______________________

You have indicated that you will incur additional expenses during the 2016-2017 academic year. Federal regulations give the Financial Aid Office the ability to adjust a student’s cost of attendance budget based on certain additional expenses. If you wish to have your application reviewed to determine if there is an additional need based on one of the following expenses, complete the information below and return this form to the Financial Aid Office with the required supporting documentation. Please note: approval of this request does not guarantee receipt of additional financial aid. Deadline to submit this request is April 11, 2017. Requests received after April 11, 2017 will not be considered.

☐  Child Care Expenses (for Independent Students)

*****TO BE COMPLETED BY STUDENT*****

I certify that I will pay $ ____________ per month, for child care expenses for the children listed below, during the term in which I will be enrolled at Western Carolina University.

Provide copies of three most current months of paid child care expenses. (The copies must be in the student’s name and show the amount of child care expenses paid by the student.) Example: bank statements or cancelled checks

Is there any reimbursement for childcare expenses from any source and/or is someone else assisting with paying for the childcare?

☐ YES  Name of agency/person providing assistance: ____________________________________________

Amount Paid (indicate if amount is paid each month, academic year or annually): ____________

☐ NO

_____ Fall 2016  _____ Spring 2017  _____ Summer 2017

____________________  ___________________  ___________________  ___________________
Child’s Name     Age     Child’s Name     Age

____________________  ___________________
Child’s Name     Age  Child’s Name     Age

____________________  ___________________
Child’s Name     Age  Child’s Name     Age

____________________  ___________________
Child’s Name     Age  Child’s Name     Age
***TO BE COMPLETED BY THE CHILDCARE PROVIDER***

Signature of Day Care Administrator/Provider

_________________________________________

Date

_________________________________________

Name of Day Care

_________________________________________

Phone Number

City  State  Zip

Car Repair (for commuting students only)

The repair cannot be for general maintenance. It must be for emergency repair only that has occurred during your period of enrollment. You will need to have the car repaired first and then submit the following documentation along with this application.

1. A signed statement explaining the type and necessity of the repair

2. A copy of the paid receipt showing the amount of the repair. **The receipt must be in either the student's name or the parent's name (in the case of a dependent student).**

Cost of Health Insurance

Some students may be required to pay for their own individual health insurance costs. The maximum amount approved for this Cost of Attendance increase will be the lesser of the University provided health plan or the actual amount paid.

Are you requesting an increase to cover the University Health Plan?  Yes   No

Are you requesting an increase to cover insurance provided by another vendor?  Yes   No

The following documentation is required along with this application.

1. A document stating the effective dates of the insurance policy

2. Documentation showing the amount paid.

Signature Box

By signing this budget request, I certify that all information is complete and correct. I understand that I may be asked to provide additional information during the review of this request.

Student's Signature: ____________________________  Date: ____________________________

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Form 421

Office of Financial Aid
118 Killian Annex   Cullowhee, NC  28723   828.227.7290  tel   828.227.7042  fax   finaid.wcu.edu