Cloud County Community College Financial Aid Office
2022-2023 Academic Year – Cost of Attendance Adjustment Request

2221 Campus Drive Concordia, KS 66901 • 800-729-5101 Ext. 280 • Fax 785-243-1839
finaid@cloud.edu • https://mappingyourfuture.org/MappingXpress/cccc/ Passcode: Cloud65

Federal financial aid regulations allow financial aid administrators to adjust your cost of attendance if you have special circumstances/expenses which your current estimated cost of attendance does not cover. To determine if adjustments can be made to your set cost of attendance, please complete the appropriate sections below and return this form with the applicable documentation. **Requests are reviewed on a case-by-case basis and submission of this form does not guarantee an adjustment to your financial aid eligibility.**

_____
Last Name   First Name   MI

_____
CCCC ID# or SSN   Phone number (include area code)

Fall Semester _____   Spring Semester _____   Summer Semester _____

Course Fees/Books/Supplies: *I paid more than the estimated amount for my course fees, books, and/or supplies.*
- Provide a copy of your student account. If you have other receipts for books and/or supplies, please include those with your request. **$_____**

Room & Board: *I paid more than the estimated amount for my room and board.*
- Provide a copy of your student account if you have dorm charges.
- Provide a copy of your lease agreement indicating your portion of the rent.
- Provide copies of your receipts detailing your monthly grocery bill.
- Provide copies of the most recent utility statements (i.e. water, trash, electricity, internet, etc.) indicating your portion.

Note: Adjustments made for this category must reflect a reasonable expense; not all adjustments will be accepted due to the lifestyle choice of the student.

Computer purchase: *I purchased or leased a computer.* (A one-time only adjustment is allowed during your undergraduate and/or graduate education.)
- Provide documentation of the cost of the computer you purchased/leased (e.g., receipt of purchase, lease agreement or cost estimate) **$_____**

Transportation:
I have transportation expenses needed to complete my course(s) of study. (Not considered: purchase of a vehicle, auto loan payments, insurance, license, registration, and general maintenance.)
- Provide copies of receipts or cost estimate of necessary transportation expenses **$_____**

Dependent Care:
I have dependent care expenses.
- Provide copies of receipts/contract indicating monthly payment amount. **$_____**

Miscellaneous:
I have other education related expenses that do not fit in any other category.
- Provide appropriate documentation and, if needed, a letter describing the education related expenses for consideration. **$_____**

By signing this form, I certify that the information provided within this request is accurate. I agree to provide the Financial Aid Office additional information if necessary. I acknowledge that I may be liable for repayment of any financial assistance received if the information that I am providing is inaccurate.

Student Signature_____   Date_____

FOR OFFICE USE ONLY
Adjustment made: $ _____Semester_____ Date_____   Denied _____