

Marywood

UNIVERSITY

2024-2025 Request to Increase Cost of Attendance

Name: _____ Student ID _____

You have notified Marywood University’s Financial Aid department that you have unusual expenses that are not included in your cost of attendance. In order for our office to make an adjustment to your cost of attendance, a determination must be made if your unusual expenses can be considered for an increase in your cost of attendance. Please complete the section below and submit the required documentation to support your claim (this includes: statements and receipts). ***Requests that are incomplete or submitted without the required documentation will be denied.***

This form can only be used to change the cost of attendance and is not used to change data listed on the Free Application for Federal Student Aid (FAFSA).

Reason for Appeal	Required Documents
<p>Computer Purchase</p> <ul style="list-style-type: none"> ➤ May only be used one time only ➤ Limited to \$2000 (Exceptions can be made upon request) 	<p>Copy of a “paid in full” receipt which should include:</p> <ul style="list-style-type: none"> ➤ Your name ➤ Itemized description of computer product(s) ➤ Dated within the academic year
<p>Housing cost above the amount already estimated in your cost of attendance.</p> <ul style="list-style-type: none"> ➤ We will only consider cost related to housing such as rent and utilities. We will not include “luxury” items such as food cost in excess of the standard allowance (\$200 a month) and other similar costs unless required for a specific education-related reason. ➤ All costs will be divided among all roommates, spouses, or other adults listed on the lease or mortgage. 	<p>Rental lease</p> <ul style="list-style-type: none"> ➤ Copy of the lease ➤ Utilities paid by landlord/tenants if applicable ➤ Copy of utility bills
<p>Expenses for students with disabilities</p> <ul style="list-style-type: none"> ➤ Can be considered if the student has those expenses as a direct result of college attendance and the disability will not be paid by any other social or healthcare agency. 	<ul style="list-style-type: none"> ➤ Letter from your physician indicating the additional needs associated with your disability. ➤ Copies of all paid receipts.

<p>Daycare Expenses for dependent child under age 12</p> <ul style="list-style-type: none"> ➤ This does not include private school tuition ➤ If you are married, your spouse is expected to contribute one-half of costs. ➤ May only be considered for periods of time during which a student is in class, studying, doing field work, participation in an internship, and/or commuting to and from school. ➤ Is limited to \$8000 for each child under 5 and \$4000 for each child 5-11, per academic year. 	<p>Documentation from care provider must provide the following:</p> <ul style="list-style-type: none"> ➤ Cost for each child per week or month ➤ Enrollment start and end date ➤ Weekly schedule for each child ➤ Amount paid by parent if part of the payment is subsidized from another source
<p>Unreimbursed medical/dental expenses</p> <ul style="list-style-type: none"> ➤ Medical/dental expenses may be considered if deemed medically necessary by a licensed physician and are NOT reimbursable by your insurance provider or another source. 	<ul style="list-style-type: none"> ➤ Letter from your physician indicating that treatment is necessary. ➤ Copies of all paid receipts.
<p>Other allowable costs</p> <ul style="list-style-type: none"> ➤ If none of the above-listed conditions provided apply to your situation, please provide a written signed statement of your extenuating circumstances. <p>Some allowable costs include:</p> <ul style="list-style-type: none"> ➤ Auto repair other than routine maintenance ➤ Gasoline costs, if more than 20 miles from school. ➤ Airfare, if needed for internship or approved classes at another institution. 	<ul style="list-style-type: none"> ➤ Provide a written, signed statement of your extenuating circumstances. ➤ Provide documentation to support your claim <p>Some unallowable costs include:</p> <ul style="list-style-type: none"> ➤ Auto purchase or payment. ➤ Credit card or other consumer debt ➤ Moving expenses or security deposits ➤ Costs incurred outside the academic year ➤ Costs incurred by a family member, including costs for a spouse or roommate's portion of rent or mortgage ➤ Legal fees ➤ Veterinary costs ➤ Luxury items, including food costs in excess of the standard allowance of \$200 per month.

Certification

By signing this form, I certify all the information and documentation provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by Marywood University, I agree to give proof of the information given on this form. I understand that if I do not give the proof when asked, my request may be denied.

Student Signature: _____ Date: _____