

Name: _____ (please print)	WNCC Student ID#: _____
Mailing Address: _____	DOB/SSN (Last 4 digits): _____
City, ST, ZIP: _____	Phone#: _____
Degree/Program: _____	Email: _____

Please Note: You must have filed a 2023-2024 Free Application for Federal Student Aid (FAFSA) and have received your results BEFORE submitting this form. All requests must contain all supporting documentation. Unsigned, incomplete or inadequately documented forms will not be considered. Submission of a request does not imply or guarantee approval, nor does approval guarantee the receipt of additional funds.

Financial aid eligibility is normally based on the student's and his/her family's gross annual income for the FAFSA tax year. The Federal Methodology formula uses information from the FAFSA to estimate what the family can afford to pay toward the student's educational expenses. The formula automatically adjusts for certain expenses such as taxes and living allowances, but families sometimes have other expenses that impact their ability to pay for educational costs. In other cases, students incur educational expenses beyond what is included in the standard financial aid budget. This form is designed to address those circumstances and collect information that will help us re-evaluate your financial aid eligibility.

You will be notified in writing of the appeal committee's decision. Allow 30 days for review. **Appeals MUST be submitted no later than mid-term of the semester for which the student is requesting aid.**

NOTE: A Special Expense Consideration typically only allows us to increase your Cost of Attendance, which increases your aid *eligibility*. **Approval does not mean that you will automatically receive more grant aid, but may make you eligible for more Federal Direct Loan funding. Additional loans will not automatically be processed; you must request the extra amount you would like to receive based on your eligibility.**

INSTRUCTIONS

- ⇒ Submit a typed (or neatly hand-written), **signed statement** explaining the unusual expenses and the impact on your family's ability to pay for your education.
- ⇒ Mark the situation(s) below that most closely describe(s) your situation and submit the documentation indicated to support your request.

- A. Disability expenses** – Student requires special services, personal assistance, transportation, equipment, and/or supplies not paid for by other agencies or insurance. We can consider only the expenses you incur as a result of your enrollment.
 - Attach copies of receipts, cancelled checks or other evidence of payments made or expenses incurred.
 - Total amount of payments made or expenses incurred: \$ _____

- B. Parent is in college** – Your parent is enrolled at least half-time in an approved certificate or degree program during the 2023-2024 academic year.
 - Name of parent: _____
 - College parent is attending: _____
 - Major or program: _____ Expected graduation date _____
 - Is the parent receiving financial aid or tuition assistance? Yes No
 - What will be the family's out-of-pocket cost for tuition, fees, and required books for the 2023-2024 school year?
\$ _____

- C. Child care, elder care or nursing home expenses** – The student pays for dependent care in order to attend class, study, commute, or perform other activities directly related to your college attendance. We can only consider expenses paid by the student for care of a family member who was included in your family size on the FAFSA.
 - o Name of dependent: _____ Age: _____
 - o Relationship to student: _____
 - o Attach a signed and dated statement from the day care provider verifying the contracted rate for the care of your dependent.
 - o Name and address of daycare provider: _____
 - o Estimate the amount you will pay per semester: \$ _____

- D. Computer purchase** – Student needs to purchase, rent or upgrade a computer in order to do the work required for classes.
 - o If you recently purchased or upgraded a computer, submit a copy of receipt within 60 days of purchase.
 - o If you are renting a computer, submit copies of rental agreement and monthly statement.

- E. Transportation expenses** – Student incurs excessive transportation costs related to college enrollment.
 - o Home address: _____
 - o WNCC campus where you attend classes: _____
 - o Round-trip mileage between home and class location: _____
 - o Number of round trips per week: _____
 - o Beginning date of class: ___/___/___ Ending date of class: ___/___/___
 - o Provide a copy of class schedule and a MapQuest or Google Maps estimate showing mileage from your home to WNCC campus where you attend classes.

- F. Other** – Tools, required course supplies (e.g. nursing uniforms, kits), certification tests and costs of licenses paid for during course of study. Submit receipts.
Please list: _____

By signing below, I/we agree to provide additional information or documentation deemed necessary by the Financial Aid Appeal Committee. I/we further certify that all information contained on this form and in the supporting documentation is true and correct to the best of my/our knowledge. Purposely providing false or misleading information can result in fines, imprisonment, or both. **Electronic signatures are not accepted.**

Student signature: _____ **Date:** _____

Spouse signature: _____ **Date:** _____
(if applicable)

Parent signature: _____ **Date:** _____
(if applicable)

Submit completed form and required documentation to:

**WNCC Financial Aid Office • 1601 E. 27th Street • Scottsbluff, NE 69361
(308) 635-6011 • fax (308) 635-6732
Secure filedrop <https://docsafe.wncc.edu/filedrop/FINAID>**