

REQUEST FOR ADDITIONAL EXPENSES 2024-2025

If you incur expenses during the current school year that will exceed the standard budget used by our office, you may complete and return the request form on the other side. Our office will review your request to determine whether we can use the additional expenses and if any additional financial aid can be awarded. Please note that not all expenses are allowable in determining your eligibility for aid, and that **additional aid is usually in the form of student loans.**

Be sure that the expense and the necessity for the expense are adequately documented. Please see guidelines below.

CHILDCARE:

Provide an estimate of your childcare costs telling us when care is needed, the name of the childcare provider, and the names and birth dates of your children. Attach a signed statement from your childcare provider (childcare center) showing the name and age of the child and the fees charged each week or month. If you have been awarded funding through another agency, report any subsidies that help defray the costs. Generally, only licensed childcare provided by non-relatives up to the monthly maximums established by the Financial Aid Office are considered. However if care is provided by a relative, indicate relationship, whether care is licensed, and reason for selecting this provider. If you are requesting an exception, please provide a complete explanation.

STUDENT MEDICAL AND/OR DENTAL EXPENSES:

Indicate or submit an itemized list with the dates and nature of expenses for yourself incurred and/or to be paid by you during the current aid year. Submit photocopies of your medical bills, clearly indicating what portions are covered by health insurance, the date the service was provided and what amounts are outstanding or will be incurred during the period you are receiving aid. Document your monthly premium costs for health insurance.

UNUSUAL TRANSPORTATION COSTS:

Explain why you have incurred exceptional costs as part of your educational program. If these costs are associated with maintaining a car, you must first establish why your car is necessary to your educational program. Provide a reasonable estimate of your academic year transportation costs. Submit documentation of car insurance, registration and repair expenses. List your daily/weekly mileage to and from school, work and home. Federal law prohibits awarding federal student aid funds for car payments.

BOOKS and SUPPLIES:

Only expenses that exceed the standard books and supplies allowance on the 2024-2025 Student Budgets can be considered. Submit photocopies of receipts for books and supplies, purchased during the academic year. The receipts must show the date of purchase. Also, you must attach a statement from your department or advisor indicating that these books or supplies are required, or are extremely desirable, for your program of study.

OTHER:

If you have other expenses, please attach a separate letter of explanation and include documentation of the date of the purchase, cost and educational necessity of the expenses.

If you have dependent children and your family's non-financial aid resources are insufficient to provide for the basic living costs for your family, you may submit a detailed monthly expense list. List all monthly expenses incurred by your family (food, rent, utilities, medical cost, dental costs, clothing, entertainment, etc.) and any resources that help pay these expenses. Include documentation and an explanation for any unusual costs incurred.

Return to:
Financial Aid Office
1300 Fifth St – Wenatchi Hall
Wenatchee, WA 98801
Phone: 509-682-6810, Fax: 509-682-6811
E-Mail: financialaid@wvc.edu

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Student Last Name _____	First Name _____	MI _____	SSN: _____
Daytime Phone (include area code) _____	Date of Birth _____	SID: _____	
I certify the information provided on this form is true and complete to the best of my knowledge.			
Student Signature: _____			Date: _____

NOTE: ALL CORRESPONDANCE AND FINANCIAL AID CHECKS WILL BE MAILED TO THE ADDRESS ON FILE IN THE ADMISSIONS OFFICE. PLEASE MAKE SURE IT IS CORRECT.

This request is for:

- Child Care
- Unusual Transportation Costs
- Books and Supplies
- Student Medical / Dental Expenses
- Other

1. Explain the necessity of these additional expenses and how they relate to your educational goals. Attach an additional sheet if necessary.

2. Please itemize and total the requested expenses you would like our office to consider. Please read the instructions as to the types of expenses we can consider. Also, provide copies of receipts.

Expense:	Amount:	*OFFICE USE*

3. Attach any appropriate documentation and return to Financial Aid Office.

For Office Use Only: Budget Plan: _____ Initial COA: _____ Date: _____
Check for Prior Request: _____ Deny: _____ Approve: _____ Amount: _____
Notes: _____ _____