

Student Name: _____

Banner ID# 800 _____

2024/25 – D02



Financial Aid

SUNY BROCKPORT

Special Circumstance Cost of Attendance Appeal Form 2024-2025

This form is used to request an adjustment to a student's annual cost of attendance when their living expenses are greater than the college's cost of attendance. Applications are considered incomplete without all of the required documentation. **All special circumstance appeals are required to have a detailed letter of explanation in addition to the supporting documentation.** If you have been selected for Federal Verification, your appeal cannot be processed until verification is complete.

This appeal is intended to increase a student's overall cost of attendance (ie; budget) so that the student may obtain additional loan funding, this appeal does not result in non-loan funding

Cost of Attendance Item (check only the box that applies)	Documentation Required
_____ Housing and/or Food	<ul style="list-style-type: none">• Copy of lease or other negotiated document showing your personal share of housing cost• Copy of utility bill(s)• Meals: copies of receipts (please note only medically related food expenses will be considered)
_____ Transportation	<ul style="list-style-type: none">• Signed detailed statement indicating mileage traveled per week, reason for travel, frequency and semester(s)• Receipts of travel expenses (if applicable)• A copy of MapQuest showing mileage
_____ Childcare/Dependent Care Expenses (for independent students)	<ul style="list-style-type: none">• Daycare or provider bills/receipts/statement from provider with cost(s)
_____ Other (ie; books/supplies, one-time computer purchase, clothing/equipment required for academic program, ect.)	<ul style="list-style-type: none">• Receipts of purchase(s), or an estimated cost print out for item(s)
_____ Medical Expenses (one-time) and/or Insurance	<ul style="list-style-type: none">• Copy of insurance bill/statement• Copy of medical bills not covered by insurance

Certification Statement: I (we) certify that all of the information provided is correct. I (we) understand that additional information may be corrected. I (we) understand that the appeal decision made by SUNY Brockport's financial aid office is final and cannot be appealed.

STUDENT SIGNATURE: _____ **DATE :** _____

PARENT SIGNATURE (IF DEPENDENT STUDENT) : _____ **DATE :** _____