

Adjust Cost of Attendance Appeal Form

Students Name: _____ Student ID: _____

Student Email: _____

Indicate the institution you attend:

Bon Secours Memorial College of Nursing (BSMCON)

Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI)

Southside College of Health Sciences (SCHS)

Important Notes:

- Review Cost of Attendance (COA) figures on college website prior to submitting an appeal to determine if your expenses exceed our cost of attendance amounts
- **Approval of appeal does not guarantee additional aid**
- Appeals must be submitted prior to start of semester
- Include your student ID on each page of documentation

Required for all appeals:

- ✓ This signed coversheet
- ✓ Documentation supporting the type of appeal(s) listed below

Please check the item(s) listed below that you wish to appeal and attach the required documentation:

REASON FOR APPEAL		DOCUMENTATION REQUIRED
<input type="checkbox"/>	1. Books and supplies exceed current COA	<input type="checkbox"/> Copies of receipts for required books, supplies, and equipment
<input type="checkbox"/>	2. Personal expenses exceed current COA	<input type="checkbox"/> Copy personal expense you would like to have considered.
<input type="checkbox"/>	3. Room and Board exceed current COA	<input type="checkbox"/> Copy of lease/mortgage <input type="checkbox"/> Copy of cable/internet bill <input type="checkbox"/> Copy of utility bill(s)
<input type="checkbox"/>	4. Transportation expenses exceed current COA	<input type="checkbox"/> Provide reason for travel and documentation of round trip miles (internet map site information is suggested)
<input type="checkbox"/>	5. Computer Expense	<input type="checkbox"/> Documentation of the computer cost
<input type="checkbox"/>	6. Child care expenses	<input type="checkbox"/> Invoice or letter on letterhead from the child care provider stating the total cost of care for each child included on the FAFSA
<input type="checkbox"/>	7. Other: _____	<input type="checkbox"/> Documentation of other expenses you would like considered

If I purposely give false or misleading information, I may receive a fine, a prison sentence, or both. By signing this form, I certify that all information is complete and correct.

 Student's Signature (required)

 Date