

Student Cost of Attendance Adjustment Form

You may submit this form to have your budget reviewed if you have unusual financial expenses that are not included on your standard budget. Please submit the completed form, and any additional supporting documentation required as indicated below to the Financial Aid Office.

ctcLink ID Number		Date of Birth	
Last Name		First Name	Middle Initial

Step 1: Fill out all sections below (1-6). Do not leave any sections blank, please indicate “0” or “N/A” if the sections do not pertain to you.

	Cost of Living While Attending School for the Academic Year	Household
1	Computer Purchase. Students may purchase computers or computer-related equipment once during the duration of their program. The maximum adjustment for computer purchases cannot exceed \$1,500. Please include in your description (Step 2) what you purchased, or need to purchase and complete Step 3 by providing supporting documentation. <i>Itemized receipt or estimated cost documentation is required (Step 3).</i>	\$
2	Dependent Care Expenses. Please include in your description (Step 2) the name and age(s) of dependent(s) and your relationship to the dependent(s). In addition, please include the name of the provider, and monthly costs associated with care expenses and complete Step 3 by providing supporting documentation. <i>Itemized receipt or estimated cost documentation is required (Step 3).</i>	\$
3	Disability Expenses. Include in your description (Step 2) your circumstances and complete Step 3 by providing supporting documentation. <i>Itemized receipt or estimated cost documentation is required (Step 3).</i>	

Step 2: Personal Statement — there is additional room on second page if needed.

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Step 2: Personal Statement.

Step 3: Obtain and provide additional supporting documentation. Include your supporting documentation with the submission of this form.

Step 4: Certification and Signature.

You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered. If you are a dependent student, please have your parent sign as well.

Student's Signature _____ **Date** _____

(If Applicable) Parent Signature _____ **Date** _____

FOR STAFF USE ONLY

NOTES:

For Office Use Only

Clark College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, citizenship, immigration status, or use of a trained guide dog or service animal in its programs and activities, in accordance with state and federal laws. The responsibility for and the protection of this commitment extends to students, faculty, administration, staff, contractors and those who develop or participate in college programs. It encompasses every aspect of employment and every student and community activity. The following person has been designated to handle inquiries regarding non-discrimination policies: Christina Longo, Director of Compliance and Title IX Coordinator, Baird Hall 133, 360-992-2317 or 360-992-2057, clongoc@clark.edu.

Alternate format of this document is available upon request. Please contact Disability Support Services at 360-992-2314, or 360-991-0901 (video phone).

