Please review: Increasing your cost of attendance budget will not result in the awarding of additional grants or scholarships. If approved, an increase in your cost of attendance budget will allow you to receive any remaining eligibility you have for the unsubsidized Federal Direct Loan and to apply for additional assistance through the Federal Graduate PLUS Direct Loan or a private education alternative loan.

If you have any questions, please contact Kathy Wright, CPM Financial Aid Coordinator, at 216-916-7490

Please return this form to:

Kent State University
College of Podiatric Medicine
6000 Rockside Woods Blvd
Independence, OH 44131

Fax: 216-643-8057
Email: kwrigh32@kent.edu

The Student Financial Aid Office develops standard allowances for educational expenses, which are used to determine a student’s eligibility for financial aid. If you will incur additional educational-related expenses and wish to be considered for a cost of education increase, complete this form and return it to the College of Podiatric Medicine Financial Aid Office.

Select the time periods for which this form applies:

____ Fall 2018   ____ Spring 2019   ____ Summer 2019

Select which additional educational-related expense you have or will incur. The required documentation is listed for each reason.

☐ HEALTH INSURANCE
You must provide a detailed billing statement from your insurance provider.

☐ CHILD CARE EXPENSES
You must include an official statement from your child care provider stating the name of the child, total cost, and the semester(s) the expense was or will be incurred.

☐ COMPUTER EXPENSES
See back of form to determine if you meet the requirements.

☐ TRANSPORTATION
A request for reimbursement of care repairs must include a detailed receipt from the mechanic or a detailed estimate. Repairs must exceed $350.

☐ MEDICAL EXPENSES – OUT OF POCKET ONLY
You must provide a detailed billing statement from your medical provider that includes dates of service, and reflects payment received from any other source such as an insurance provider. Out of pocket expenses must exceed $500.

_____________________________________      _______________________
Student Signature                      Date
Please complete this section if your request for a cost of attendance increase is for computer-related expenses or other educational expenses.

- The equipment must be purchased between May 2017 and May 2018
- You must be able to provide a copy of the bill showing balance paid-in-full.
- The price of the total computer system, including software and accessories, may not exceed $2,500. If your cost will exceed this amount, please explain in detail in the statement below. A decision will be made on a case-by-case basis.
- If you are leasing a computer we will take into consideration the cost up to $110 in monthly fees.
- If you are upgrading your computer or purchasing additional software, please explain in detail in the statement below. A decision will be made on a case-by-case basis.
- All students must explain in the statement below their need for the purchase of a computer or other educational expenses. Please be specific.

**STATEMENT:**

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Revised: 2/22/2018