

Cost of Attendance Adjustment Form

Financial Aid Office

1933 Fort Vancouver Way | Vancouver, WA 98663-3598
 (360) 992-2153 | FAX (360) 992-2864 | finaidmail@clark.edu

Student Information:

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

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.

Step 1: Fill out all sections below (1-3). 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	<p>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, what term it will be purchased, and complete Step 3 by providing supporting documentation.</p>	\$
2	<p>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. Itemized receipt or estimated cost documentation is required (Step 3).</p>	\$
3	<p>Disability Expenses. Include in your description (Step 2) your circumstances and complete Step 3 by providing supporting documentation. Itemized receipt or estimated cost documentation is required (Step 3).</p>	\$

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

Step 2: Personal Statement...Continued

Step 3: Obtain and provide itemized receipt or estimated cost documentation.
Include your itemized receipt or estimated cost documentation with the submission of this form.

Step 4: Certification and Signature.

STUDENT AND/OR PARENT CERTIFICATION AND SIGNATURE: By submitting this form, I certify that all of the information reported on it is true and correct. I understand that if I purposely give false or misleading information on this form, I may be fined, sentenced to jail, or both.

Student's Signature _____ **Date** _____

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

FOR STAFF USE ONLY

NOTES:

For Office Use Only

ECL247

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