



PARK
UNIVERSITY™

2024-2025 Cost of Attendance Appeal Form

Student ID _____

Student Name _____

The Cost of Attendance (COA) represents estimated educational expenses students may incur while attending a college or university. We understand that our estimated COA used to determine the maximum award amount may not reflect an accurate COA for all students. If you believe the COA used in determining your financial aid is not sufficient to cover your actual expenses, you may file a COA appeal. If your COA increase is approved it will not increase federal grant eligibility. It may increase federal work study eligibility but usually it will only increase loan eligibility for private loans.

Please upload this completed form and any supporting documentation to your Financial Aid Student Portal at:
<https://finaid.park.edu/NetPartnerStudent>

Please check the item(s) listed below that you wish to appeal and upload form and required documentation.

CHECK BOX	REASON FOR APPEAL	DOCUMENTATION REQUIRED
<input type="checkbox"/>	Books, course material, supplies and equipment	Copies of receipts for required books, supplies and equipment
<input type="checkbox"/>	Personal expenses (credit card payments and debt will not be included)	Copy of receipts you would like to be considered
<input type="checkbox"/>	Living Expenses: Housing & Food	Copy of Lease or mortgage, cable/internet, and utility bills or special dietary needs (your expenses should exceed \$719 per month).
<input type="checkbox"/>	Transportation Expenses	Travel between campus and residence, minor car repair documentation (car payments and insurance payments cannot be included).
<input type="checkbox"/>	Tuition or fees exceed estimated COA Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Direct charges of tuition and fees listed on your student account statement will serve as documentation.
<input type="checkbox"/>	Computer Expenses	Receipt of computer purchased up to \$1500.
<input type="checkbox"/>	Dependent care expenses paid during the academic year which enable you to attend classes	Invoice on letterhead from the child/adult care provider stating the total cost of care for each dependent that is listed in your family
<input type="checkbox"/>	Other	Supply documentation of other expenses you would like to be considered.

Certification Statement

The information contained in this request and in any supporting documents is true and complete to the best of my knowledge. I understand that submission of this form does not guarantee a change in my financial aid eligibility.

Student (Wet Ink Signature - No digital signatures)

Date