



COLLEGE OF THE CANYONS - FINANCIAL AID OFFICE

26455 Rockwell Canyon Road • Santa Clarita, California • 91355
Phone: (661) 362-3215 • Fax: (661) 362-5617 • www.canyons.edu/money4college

2020-2021 Student Cost of Attendance Additional Expenses

Last Name	First Name	COC ID Number:							
Social Security Number:		Date of Birth:		Phone Number					
Address, City, State, ZIP									
Email Address									

INSTRUCTIONS: Financial aid students are assigned a student college budget based upon their current residency and FAFSA housing plans. Students may petition for consideration of adding additional expenses to the cost of attendance, providing they meet any of the circumstances listed below. Provide a brief statement below and attach REQUIRED documents supporting your petition. Once you have completed your petition, contact the Financial Aid Office at (661) 362-3215 for an appointment with an advisor.

SECTION 1: ADDITIONAL COSTS

Please indicate your additional expenses. Circumstances are limited to the following:

- ☐ **Disability/Medical related expenses:** For a student with expenses associated with a disability/medical condition. These expenses include reasonable allowances for costs associated with the disability/medical condition, if the expenses are not already covered by another organization. Disability/medical expenses include: special services, personal assistance, transportation, equipment and supplies.
- ☐ **Dependent care allowance:** For a student with one or more dependents, allowances are based on the estimated actual expenses incurred for dependent care based on the number and age of the dependents. Dependent care expenses can be accommodated for periods of time including, but not limited to, class time, study time, field work, research, internships, commuting time, and other educational endeavors.
- ☐ **Studying abroad expenses:** For a student enrolled in a program of study abroad approved for credit by College of the Canyons. Studying abroad expenses may include: additional transportation costs and surcharges or other administrative fees charged by the college or coordinating agency.
- ☐ **Cooperative education program expenses:** For a student placed in work experience under a cooperative education program, an allowance for reasonable costs associated with such employment as determined by the Financial Aid Office shall be accommodated. Expenses encompassed by this allowance might include commuting or transportation costs, meals away from home, and any other cost incurred as a result of the work experience.

SECTION 2: REQUIRED DOCUMENTATION

Please attach the following REQUIRED documentation.

- ☐ A **detailed statement** describing your circumstances.
- ☐ Provide **documentation to verify your expenses**, including 3rd party documents or agency certifications.

SECTION 3: PERSONAL STATEMENT

Statement of Circumstance(s) - Attach additional pages if more space is needed.

Certification: I hereby certify that all information reported on this form and any attachments hereto are true, complete, and accurate. Further, I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.

(Please sign and date below)

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____ Recommendation: *Approval / Denial / Further Review*

FA Administrator: _____ Date: _____ Decision: *Approved / Denied / Further Review*