

**RETURN TO:**

Office of Financial Aid & Scholarships
 Cal Poly Pomona
 3801 W. Temple
 Pomona, CA 91768-4008
 (909) 869-3700 Phone
 (909) 869-4757 FAX

Name of Financial Aid Applicant *(please print)*

Last First M.I.

Bronco Number: _____

2009-2010 Additional Expenses

In some cases the additional expenses you and/or your family incur during an academic year may be considered in determining the amount of your financial aid eligibility. The Office of Financial Aid & Scholarships will evaluate your expenses upon receipt of this form and the documentation listed below. **NOTE: documentation must be current and identify who has incurred the expense.** If a change results in your financial aid award based on the information you provide, you will be notified via e-mail. Please provide expense and income information for the 2008 calendar year. Verification may be required for the information given.

PLEASE LIST THE EXPENSE(S) UNDER THE APPROPRIATE COLUMN:

	<u>PARENT(S)</u>	<u>STUDENT</u>	<u>STUDENT'S SPOUSE</u>
_____ Medical, Dental or Vision Care Expenses • Attach copy of billing statement or IRS Schedule A • List only the amount not covered by insurance.	\$ _____	\$ _____	\$ _____
_____ Car Insurance • Attach copy of policy showing total cost, period of coverage, and name of insured.	\$ _____	\$ _____	\$ _____
_____ Child Care • Attach copy of most current bill.	\$ _____	\$ _____	\$ _____
_____ Tuition Expenses- Elementary or Secondary School • Allowed only if private school is required • Attach copy of bill.	\$ _____	\$ _____	\$ _____
_____ Special Equipment, Supplies or Testing for Disabilities • Attach copies of receipts or canceled checks. • Attach verification for cost not covered by insurance and/or outside agency (e.g. Voc. Rehab).	\$ _____	\$ _____	\$ _____
_____ Field Trips and/or additional books and supplies • Attach copies of receipts. • Attach verification that cost is required for course.	\$ _____	\$ _____	\$ _____
_____ Other: Explain • Attach a letter explaining additional expenses. • Attach any documentation available.	\$ _____	\$ _____	\$ _____

My signature below certifies that this information is true and authorizes verification of this information by the Office of Financial Aid at any time. I further understand that if the above costs are not incurred, awards based on the cost are subject to cancellation, including any disbursed funds.

Student Signature _____ **Date** _____

Spouse Signature *(if applicable)* _____ **Date** _____

Parent Signature *(if applicable)* _____ **Date** _____