Portland Community College
Financial Aid Office

ADDITIONAL EXPENSES APPEAL

_____
Last Name (Please print) *First* *Middle Initial*

_____ _____ _____
Street Address *Apt. no.* *PCC ID Number* *Last 3 digits of SSN*

_____ _____
City *State* *Zip* *Telephone Number*

_____
Email Address

Complete the following form to request additional costs be added to your standard cost of education. Request only costs that you will incur this academic year.

Explain below the necessity of these additional expenses and how they are related to your educational goals.

_____

_____

_____

Please itemize and total the requested expenses you would like our office to consider.

Expense: Amount:

_____

_____

_____

☐ If approved, additional expenses are generally funded with Federal Direct Stafford Loans. I would like my loans increased to assist with the approved additional expenses.

_____ _____
Student Signature *Date*

OFFICE USE

☐ Budget increase approved $_____ F W SP S ACYEAR

☐ Budget increase pending ☐ Documentation missing ☐ Documentation incomplete

☐ Budget increase denied ☐ Insufficient documentation

Terms ☐ ☐ ☐ ☐ $_____ $_____
F W SP SU FSub FUnsub

_____ _____
Advisor Signature *Date*

Fao 101210