

Western Technical College

FINANCIAL AID

400 North 7th Street • La Crosse WI 54601 • 608.785.9579 • Fax 608.789.4760

Financial Aid Resources and Planning Services

2023-2024

Cost of Attendance Adjustment Form

Student's Name: _____ Student ID Number: _____
(Please Print)

Reauthorization of the Higher Education Act of 1965 has allowed for increasing your Cost of Attendance based on the following issues. Please understand that this is only a Cost of Attendance adjustment and any amount of additional financial aid that may be received is subject to Federal Regulations.

Mark Appropriate Box

<p><input type="checkbox"/> Personal Computer purchase</p> <p>You are allowed a Cost of Attendance increase of \$2,500 for the purchase of a personal computer. This will be a one-time budget increase during your entire period of enrollment at Western Technical College.</p> <p>By signing this form, you are indicating that you have requested your cost of attendance to be adjusted to include the purchase of a personal computer and any required additional items (printer, software, etc.).</p> <p>Type of Computer: _____</p> <p>Place of Purchase: _____</p> <p>Date of Purchase: _____</p>	<p><input type="checkbox"/> Child/Dependent care expense</p> <p>You are allowed a Cost of Attendance increase if you pay day care or after school program expenses for dependents. If more than one family member is attending Western Technical College, only one person per household can claim the Cost of Attendance adjustment for these expenses.</p> <p>List the name(s), amount(s) paid per month and number of months during your enrollment for which the expenses will be paid for the dependent(s) you are supporting.</p> <table><thead><tr><th>Name of Dependent</th><th>Relation to you</th><th>Number of months</th><th>Monthly Amount Paid</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>\$ _____</td></tr></tbody></table> <p>Provide documentation of payment for these expenses such as receipts or a statement from your care provider.</p>	Name of Dependent	Relation to you	Number of months	Monthly Amount Paid	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____
Name of Dependent	Relation to you	Number of months	Monthly Amount Paid														
_____	_____	_____	\$ _____														
_____	_____	_____	\$ _____														
_____	_____	_____	\$ _____														

Signature _____ Date _____

Please submit this form to the Financial Aid Resources and Planning Services at the address listed above.

Western Technical College is an equal opportunity/affirmative action institution.