

Cost of Living Increase Worksheet 2023-2024

Students requesting an increase in their financial aid due to increases in cost of living should fill out this form.

Type the appropriate information into the yellow spaces on the form. Be sure to include copies of any unusual expenses. The form will compute your totals for you, so there is no need to do any math.

When you have completed this form, print it, sign it, and return it along with copies of your expenses to the financial aid office.

Name:

Student ID:

| Student Expenses Per Month: | |
|--|--|
| Rent/Mortgage: | <input style="background-color: yellow;" type="text"/> |
| Food: | <input style="background-color: yellow;" type="text"/> |
| Utilities: | <input style="background-color: yellow;" type="text"/> |
| Phone (cell): | <input style="background-color: yellow;" type="text"/> |
| Transportation: | <input style="background-color: yellow;" type="text"/> |
| Insurance/Medical: | <input style="background-color: yellow;" type="text"/> |
| Personal: | <input style="background-color: yellow;" type="text"/> |
| Total Monthly Student Expenses: | <input style="background-color: gray;" type="text"/> |

| | |
|---------------|---|
| \$1000.00 | <input style="background-color: gray;" type="text"/> |
| \$600.00 | <input style="background-color: gray;" type="text"/> |
| \$200.00 | <input style="background-color: gray;" type="text"/> |
| \$75.00 | <input style="background-color: gray;" type="text"/> |
| \$400.00 | <input style="background-color: gray;" type="text"/> |
| \$343.00 | <input style="background-color: gray;" type="text"/> |
| \$300.00 | <input style="background-color: gray;" type="text"/> |
| Total: | <input style="background-color: gray;" type="text" value="\$2,918.00"/> |

| Unusual Expenses: <small>(Attach a copy of related expense)</small> | <u>Amount</u> | <u>Reason</u> |
|---|--|--|
| <input style="background-color: yellow;" type="text"/> | <input style="background-color: yellow;" type="text"/> | <input style="background-color: yellow;" type="text"/> |
| <input style="background-color: yellow;" type="text"/> | <input style="background-color: yellow;" type="text"/> | <input style="background-color: yellow;" type="text"/> |
| <input style="background-color: yellow;" type="text"/> | <input style="background-color: yellow;" type="text"/> | <input style="background-color: yellow;" type="text"/> |
| <input style="background-color: yellow;" type="text"/> | <input style="background-color: yellow;" type="text"/> | <input style="background-color: yellow;" type="text"/> |

Total Unusual Expense Requested:

Total Monthly Increase Requested:

Amount = total student expenses less total FA budgeted expenses

Student Signature

Date

(Office Use Only)
Approved
Denied

Counselor Signature