FINANCIAL AID OFFICE
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GARDEN CITY COMMUNITY COLLEGE
801 Campus Drive
Garden City, Kansas 67846
www.gcccks.edu

2024-2025 Cost of Attendance Adjustment

_____ _____ _____

Name (printed) Phone GCCC ID #

Fall Semester _____ Spring Semester _____ Summer Semester _____

Federal financial aid regulations allow financial aid administrators to adjust your cost of attendance if you have special circumstances/expenses which your current estimated cost of attendance does not cover. To determine if adjustments can be made to your set cost of attendance, please complete the appropriate sections below and return this form with the applicable documentation. **Requests are reviewed on a case-by-case basis and submission of this form does not guarantee an adjustment to your financial aid eligibility.**

Course Fees/Books/Supplies:
I paid more than the estimated amount for my course fees, books, and/or supplies. Provide documentation of receipts for course fees, books, and/or supplies. $_____

Computer Purchase:
I purchased or leased a computer. A one-time only adjustment is allowed during your undergraduate and/or graduate education). Provide documentation of the cost of the computer you purchased/leased (e.g., receipt of purchase, lease agreement or cost estimate) $_____

Transportation:
I have transportation expenses needed to complete my course(s) of study. (Not considered: purchase of a vehicle, auto loan payments, insurance, license, registration, and general maintenance). Provide copies of receipts or cost estimate of necessary transportation expenses $_____

Dependent Care:
I have dependent care expenses. Provide copies of receipts/contract indicating monthly payment. $_____

Miscellaneous:
I have other education related expenses that do not fit in any other category. Provide appropriate documentation and, if needed, a letter describing the education related expenses for consideration $_____

By signing this form, I certify that the information provided within this request is accurate.
I agree to provide the Financial Aid Office additional information if necessary. I acknowledge that I may be liable for repayment of any financial assistance received if the information that I am providing is inaccurate.

_____ _____

Student Signature Date

FOR OFFICE USE ONLY
Adjustment made: $ _____Semester_____ Date_____ Denied _____ Advisor _____

Comment:_____