

## Application for Professional Judgment – Cost of Attendance (Budget) for 2024-25

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Student ID \_\_\_\_\_

This form is to assist you in reporting changes in your financial aid budget. Review of your situation does not guarantee an adjustment to your cost of attendance but may result in a change if it more accurately represents your cost to attend ICC. Please provide the following documentation along with this form to the Office of Student Financial Aid:

**Written Explanation** of the special circumstances that affect your cost of attendance at ICC

**Complete Documentation** supporting your explanation of the circumstances (see list of accepted documents below)

Please write the student’s name on all attached documentation. Submit all information together to satisfy all requirements listed above. You will be notified with the results of your application within 2-4 weeks.

### GENERAL BASIS OF APPEAL (check any that apply)

\_\_\_\_\_ **Housing and/or Meals**—For students attending at least half-time, your cost of housing and/or meals exceeds the estimated cost calculated by the Office of Student Financial Aid.

\_\_\_\_\_ **Books, Course Materials, Supplies and/or Equipment**—Your cost of books, course materials, supplies, and/or equipment exceeds the estimated cost calculated by the Office of Student Financial Aid.

\_\_\_\_\_ **Technology Equipment**—Your cost of a purchasing or renting technology for educationally-related purposes is a valid expense and will be included in your Cost of Attendance. Technology may include, but is not limited to, a laptop, desktop computer, or a printer (for example).

\_\_\_\_\_ **Transportation Expense**—Your cost of transportation, which may include transportation between campus, residence, and place of work, exceeds the estimated cost calculated by the Office of Student Financial Aid.

\_\_\_\_\_ **Miscellaneous Personal Expense**—For students enrolled at least half-time, your cost of miscellaneous personal expenses exceeds the estimated cost calculated by the Office of Student Financial Aid.

\_\_\_\_\_ **Disability-Related Expense**—You have incurred or will incur expenses associated with a disability, including special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided for by other agencies.

\_\_\_\_\_ **Dependent Care**—Your cost of dependent care exceeds the estimated actual cost calculated by the Office of Student Financial Aid (for Independent students with dependents).

\_\_\_\_\_ **Other:** \_\_\_\_\_  
 briefly describe the educationally-related expense and attach supporting documentation.

### Acceptable Documentation May Include

- |                                      |   |
|--------------------------------------|---|
| • Receipt for payment of expense     | • Bank statement showing payment of expense |
| • Invoice for anticipated expense    | • Sales listing for anticipated expense     |
| • Estimate of expense to be incurred | • Other document supporting the expense     |

All of the information attached is true and complete to the best of my knowledge. I agree to provide more detailed documentation, if requested.

\_\_\_\_\_  
 Student Signature Date