



**RETURN TO:**  
 Office of Financial Aid & Scholarships  
 Cal Poly Pomona  
 3801 W. Temple Ave.  
 Pomona, CA 91768-4008  
 (909) 869-3700 Phone  
 (909) 869-4757 FAX



**Name of Financial Aid Applicant (please print)**

\_\_\_\_\_  
 Last First Middle

**Bronco Number:** \_\_\_\_\_

**2018 – 2019  
 ADDITIONAL EXPENSES**

In some cases the additional expenses you and/or your family incur during an academic year may be considered in determining the amount of your financial aid eligibility. The Office of Financial Aid & Scholarships will evaluate your expenses upon receipt of this form and the documentation listed below. **NOTE: documentation must be current and identify who has incurred the expense.** If a change results in your financial aid award based on the information you provide, you will be notified via e-mail.

**Section A: PLEASE LIST THE EXPENSE(S) UNDER THE APPROPRIATE COLUMN**

	<u>PARENT(S)</u>	<u>STUDENT</u>	<u>STUDENT'S SPOUSE</u>
<b>____ Medical, Dental or Vision Care Expenses</b> <ul style="list-style-type: none"> <li>List <u>only</u> the amount not covered by insurance.</li> <li>Attach copy of billing statement or IRS Schedule A.</li> </ul>	\$ _____	\$ _____	\$ _____
<b>____ Car Insurance</b> <ul style="list-style-type: none"> <li>Attach copy of policy showing total cost, period of coverage, and name of insured.</li> </ul>	\$ _____	\$ _____	\$ _____
<b>____ Child Care</b> <ul style="list-style-type: none"> <li>Attach copy of most current bill.</li> </ul>	\$ _____	\$ _____	\$ _____
<b>____ Tuition Expenses - Elementary or Secondary School</b> <ul style="list-style-type: none"> <li>Allowed only if private school is required.</li> <li>Attach copy of bill.</li> </ul>	\$ _____	\$ _____	\$ _____
<b>____ Special Equipment, Supplies or Testing for Disabilities</b> <ul style="list-style-type: none"> <li>Attach copies of receipts or canceled checks.</li> <li>Attach verification for cost not covered by insurance and/or outside agency (e.g. Voc. Rehab).</li> </ul>	\$ _____	\$ _____	\$ _____
<b>____ Field Trips and/or additional books and supplies</b> <ul style="list-style-type: none"> <li>Attach copies of receipts.</li> <li>Attach verification that cost is required for course.</li> </ul>	\$ _____	\$ _____	\$ _____
<b>____ Other: Explain</b> <ul style="list-style-type: none"> <li>Attach a letter explaining additional expenses.</li> <li>Attach any documentation available.</li> </ul>	\$ _____	\$ _____	\$ _____

**Section B: REVIEW AND SIGN**

My signature below certifies that this information is true and authorizes verification of this information by the Office of Financial Aid & Scholarships at any time.

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

**Spouse Signature (if applicable)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature (if applicable)** \_\_\_\_\_ **Date** \_\_\_\_\_