



Lansing Community College
 1121 – Financial Aid Office
 Room 203, Gannon Building
 PO Box 40010
 Lansing, MI 48901-7210
 Phone: (517) 483-1200 (option 2)
 Fax: (517) 483-1170

Financial Aid Cost of Attendance Appeal 2009-2010

Student Name: _____

LCC Student Number _____

Students Standard COA: _____

Additional COA Requested: _____

The Federal Government requires Lansing Community College set a standard, reasonable cost of attendance (COA) for its students. LCC uses this figure as a basis for awarding financial aid. In extenuating circumstances a financial aid administrative committee is allowed to exercise their professional judgment to make adjustments to the standard COA, on a case-by-case basis.

Use the following table to determine if you qualify to appeal for an increase in your Cost of Attendance.

Note: Incomplete appeals or missing documentation will be automatically denied.

Check	I am requesting an increase in my COA due to financially extenuating circumstances for the following reasons:	Required Documentation	Action Required by Student
<input type="checkbox"/>	Books & Supplies exceeds the standard allotment determined by Lansing Community College.	<ul style="list-style-type: none"> ▪ Book receipts ▪ List of supplies required for course ▪ Receipts of supplies purchased 	<input type="checkbox"/> this form completed & signed (include work sheet on back) <input type="checkbox"/> supporting documentation attached <input type="checkbox"/> A detailed letter explaining your circumstances
<input type="checkbox"/>	Room & Board exceeds the standard estimated allotment determined by Lansing Community College.	<ul style="list-style-type: none"> ▪ Lease agreement ▪ Utility bills (at least 3 months.) 	<input type="checkbox"/> this form completed & signed <input type="checkbox"/> supporting documentation attached <input type="checkbox"/> A detailed letter explaining your circumstances
<input type="checkbox"/>	Tuition & Fees exceeds the standard estimated allotment determined by Lansing Community College.	<ul style="list-style-type: none"> ▪ Student schedule ▪ Cash Operations bill Documentation of fee's not included on bill 	<input type="checkbox"/> this form completed & signed <input type="checkbox"/> supporting documentation attached <input type="checkbox"/> A detailed letter explaining your circumstances
<input type="checkbox"/>	Child care expenses are as estimated	<ul style="list-style-type: none"> ▪ Child care Receipts ▪ Letter from child care provider 	<input type="checkbox"/> this form completed & signed <input type="checkbox"/> supporting documentation attached <input type="checkbox"/> A detailed letter explaining your circumstances

This is to verify that the information submitted with this appeal is true and accurate to the best of my ability. **I understand that approval does not guarantee receipt of additional financial aid.**

Student Signature: _____

Date: _____

*****OFFICE USE ONLY*****

Standard Budget Categories	Current Budget <input type="checkbox"/> Away <input type="checkbox"/> In <input type="checkbox"/> At-Home <input type="checkbox"/> out	LCC Decision	
		Additional amount approved	Total new budget
Books & Supplies			
Fees			
Food			
Loan Fees			
Personal & Miscellaneous			
Room & Board			
Transportation			
Tuition			
Other			
<u>Total</u>			

Comments:

Approved by: _____

Date: _____

Approved by: _____

Date: _____