



Cost of Attendance Appeal Form

Academic Year: 20 _____ - 20 _____	Fairfield ID# _____
Student Last Name _____	First Name _____
E-mail _____ @ _____	
Home Phone _____ - _____ - _____	Cell Phone _____ - _____ - _____
Work Phone _____ - _____ - _____	

In order to expedite the processing of your financial aid, please complete the following form and attach a personal statement requesting a review of the standard cost of attendance. Please provide supporting documentation as requested*. **Your appeal will not be reviewed until all required documents are received.**

With this form, I am requesting a Cost of Attendance Appeal for (please indicate year):

FALL _____ SPRING _____ SUMMER _____

<u>SOURCE</u>	<u>MONTHLY EXPENSE</u>	<u>SOURCE</u>	<u>MONTHLY EXPENSE</u>
Rent/Mortgage		Gas (heat/hot water)	
Electric		Oil	
Phone/Cable/Internet		Health Insurance	
Car payment		Auto Insurance	
Childcare		One-time computer	
Homeowners Insurance		Property taxes (home)	
Property taxes (car)		Water	
Sewer		Other**	

- * Provide a current rental/lease agreement or a current mortgage statement.
- * For all utilities, provide 6 months worth of billing statements for each.
- * Childcare expenses must be incurred solely due to full time enrollment in school. Provide tuition contract and/or receipt.
- * Students are allowed to include a one-time computer purchase for his/her program. Provide receipt of purchase.
- * Please provide monthly or quarterly receipts for each other expense listed above.
- ** Please define "OTHER" in your personal statement and provide supporting documentation.

Student Last Name _____	First Name _____	Fairfield ID# _____
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Before submitting this appeal to the Office of Financial Aid, please be sure that you have enclosed the following:

- ✓ A personal statement
- ✓ This form **COMPLETED**
- ✓ All supporting documentation

Please Note: A request for a Cost of Attendance Appeal does not guarantee that the request will be granted.

The appeal may be granted at the discretion of the Office of Financial Aid. If supporting documentation is not sufficient, additional documents may be requested. If the Office of Financial Aid determines that the monthly expense appears unusually high or inconsistent with other average area expenses, the Office may approve a reduced allowance of the expense.

STUDENT SIGNATURE _____

Date _____

E-mail _____ @ _____

Questions should be sent to the Office of Financial Aid:

Phone: (203)254-4125

E-mail: finaid@fairfield.edu

Return this completed form, with supporting documentation to:

Mail

Fairfield University
Office of Financial Aid
Aloysius P. Kelley, S.J. Center
1073 North Benson Road
Fairfield, CT 06824

Fax

(203)254-4008

E-mail

finaid@fairfield.edu