

2024–2025 Academic Year Cost of Attendance Appeal Form BYU–Hawaii Financial Aid & Scholarships

### Part 1 – Student Information

Student Name:	ID#:
Email Address:	Phone:
Marital Status:	Single Married/Remarried Separated Divorced/Widowed
	ate term that you would like to submit this appeal for Cost of Attendance. Fall, 2024 Winter, 2025 Spring, 2025
<ul> <li>website: <u>htt</u></li> <li>You are not cost of attention</li> <li>All expenses</li> </ul>	pleting this form, please review the Cost of Attendance for your program on the BYUH ps://financialaid.byuh.edu/cost-of-attendance required to complete the COA Appeal Request Form if your expenses do not exceed your
	_ <b>Room and Board</b> lease/mortgage statements, utility and food/grocery receipts. Expenses must <u>exceed</u> ance standard for your cost of attendance.

### \$\_\_\_\_\_ Transportation Expenses

Attach a copy of receipts. Expenses must **<u>exceed</u>** your living allowance standard for your cost of attendance. Ineligible expenses include purchase of car, auto loan payments or insurance.

# Section 2 Computer Purchase

Attach a copy of receipts for the purchase of a personal computer, laptop, printer, or required software product. Receipt should be in your name from the place of purchase with the itemized components and costs.

# Other Miscellaneous Education Related Expenses

Attach a copy of receipts for other miscellaneous purchases along with explanation of expense.

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### Part 3 – Support Documentation

Appeal request exceptions to the BYUH cost of attendance policy require the following:

- 1. Appeal Form
- 2. Copy of your current academic plan.
- 3. Written explanation of circumstances and purpose of request.

#### Part 4 – Certification

This is a true and accurate reflection of my additional expenses for my cost of attendance at Brigham Young University–Hawaii. I understand that I may be required to provide additional information and documentation as necessary. My signature below affirms that the information provided above and the supportive documentation are true and accurate to the best of my knowledge. I understand that providing false information can result in the cancellation of financial aid. I understand that approval of the request for additional COA funds does not guarantee receipt of additional loan proceeds.

Student Signature:	Date:			
FA Counselor:		Date:		
Committee Review Date:	Decision:	Conditional Approval	Approved	Denied
Signature:	Signature:	Signat	ture:	
Signature:	Signature:	Signat	ture:	
Final Review:		Date:		