



Cost of Attendance Special Circumstances Request

OFFICE OF FINANCIAL AID

Purpose of this form

Financial aid is provided to you to pay for educational costs, called your Cost of Attendance. The total of your financial aid awards cannot exceed your Cost of Attendance when receiving federal financial aid. The Office of Financial Aid establishes your Cost of Attendance based on average anticipated costs. If you have special circumstances which result in higher costs, you may request an adjustment to your Cost of Attendance by using this form.

You may request an adjustment to your Cost of Attendance for the following situations.

- Computer purchase expenses
- Cooperative Education Costs
- Dependent Care Costs
- Disability-related expenses
- Additional transportation expenses to clinical (or similar) sites
- The cost of obtaining professional licensure, certification, or a first professional credential for your program of study, if it is not already included in your Cost of Attendance or you are requesting an adjustment to retake a certification test

Your request may be approved for all, a portion, or none of the costs, based on the Office of Financial Aid's determination of reasonable costs.

The submission of a request does not always result in increased financial aid eligibility. Please discuss your situation with your Student Financial Services Advisor before submitting a request. For example, an increase in Cost of Attendance will not increase your Federal Pell Grant. It will also not impact your Federal Direct Loans if you have already been awarded the maximum amount.

When to submit this form

Requests must be processed by the last day of classes for the semester(s) you are attending for this academic year. In order to ensure that your request can be reviewed, submit this application and all requested documentation as soon as possible, preferably no later than one week prior to the end of the semester, as listed at https://www.owens.edu/financial_aid/understanding/

Submit this form and documentation

1. Complete this form and submit it and all documentation.

Upload: From the Ozone **Financial Aid Summary** card, select **View Financial Aid Details**. Follow the instructions on the **Home** tab.

Fax: (567) 661-7808

In person: Student Service Center

Mail: Student Service Center
Owens Community College
30335 Oregon Road
Perrysburg, OH 43551

2. Monitor your Ozone account in case additional information is requested.

To check the status of your form

1. Log into Ozone at ozone.owens.edu
2. From the **Financial Aid Summary** card, select **View Financial Aid Details**
3. Verify that you are viewing the desired **Award Year**
4. On the **Home** tab, the Cost of Attendance Special Circumstances Request will be one of the items listed. Below is a listing of what each status means:

Received, not yet reviewed: Your materials have not been reviewed.

Incomplete: Information that is required for the processing of your form is missing. Please review the Notifications tab or contact the Student Service Center.

Completed: Review of your form has been completed and approved.

Denied: An adjustment to your Cost of Attendance information could not be made.

You will be notified of the results of the application in a message on your Ozone account. You will receive an email to your Owens email account when the message has been posted.

Questions?

If you have any questions, please contact the Student Service Center at (567) 661-2387, contact your Student Financial Services Advisor, or email studentfinancial@owens.edu.

All information is subject to change based on changes to federal law, regulation, or other guidance.



Cost of Attendance Special Circumstances Request

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Student Name

OCID

Request

Please check the situation(s) for which you are requesting an adjustment.

Computer purchase expenses

Attach a receipt showing the computer purchase or lease. The maximum adjustment is \$600.

Only one adjustment may be made within three academic years.

Cooperative Education Costs

Please explain the costs you have which are associated with a work experience under an Owens cooperative education program. For example, if you have additional transportation costs to/from your work site, please indicate the starting and ending addresses for your commute. Additional documentation may be requested.

Dependent Care Costs

Attach a letter or other documentation from the dependent care provider showing the following:

- The monthly (or weekly) cost of the care.
- The number of hours per month (or week) which are covered by the cost provided.
- Confirmation that you have contracted for the dependent care service.

Disability-related expenses

Attach the following:

- Documentation from Disability Services that this is a disability-related educational expense
- Proof of purchase or contract to purchase with amount.

By submitting this form, you are certifying that this expense is not being paid by another agency.

Additional transportation expenses to clinical (or similar) sites

This option is available only for transportation to or from clinical, laboratory, or other off-campus sites which are listed as the class location on the Owens class schedule.

Provide the address from which you will be travelling to/from the clinical (or similar) site.

Street Address: _____ City, State, ZIP: _____

Provide the address of the clinical (or similar) site.

Street Address: _____ City, State, ZIP: _____

Cost of professional licensure, certification, or first professional credential

This option is available only if the cost is not already included in your Cost of Attendance or you are requesting an adjustment to retake a certification test.

Please indicate approximate date that you plan to seek licensure or certification: _____

What is the cost of the licensure or certification? \$ _____

Attach the following:

- Documentation showing that your program of study has a licensure or certification requirement. This may include a copy of the college catalog for your program or a written document from the academic department.
- Documentation showing the anticipated cost of the licensure.

For example, a student in the Registered Nurse program may submit the Registered Nurse Program Information from the catalog, along with a fee schedule for the NCLEX exam.

Certification

I certify that all information on this form is true and complete to the best of my knowledge.

Student Signature

Date