

COST OF ATTENDANCE APPEAL ADDITIONAL EXPENSES FOR CARE

Students are to complete this form to request that their Cost of Attendance for the appropriate award year be increased due to expenses during this period for the care of a child, dependant, or elder.

Federal guidelines allow us to consider adding such costs to your estimated Cost of Attendance when these expenses can be documented and are justified. You will be notified of our decision within 14 days after your submission. An assessment will be made only when all required documents have been submitted in full.

PLEASE READ before completing this form: Victoria University of Wellington recognises there may be times the Free Application for Federal Student Aid (FAFSA) does not reflect a family's current financial situation. Professional judgment is the ability to change a student's financial assistance based on unusual circumstances. Through the use of professional judgment, Wellington University International may be able to adjust the student's financial aid application which may result in a recalculation of the student's eligibility. An appeal does not guarantee an adjustment to your aid and may, in fact, result in a decrease in eligibility.

Student name

Student ID

Email

Contact phone

SECTION 1: DEPENDANTS

Please list the dependants supported in your household (please list additional dependants on a separate page)

Name(s) of dependant(s)	Age	Relationship
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SECTION 2: CHILD, DEPENDANT, ELDER CARE EXPENSES

Please list the monthly costs that your household is paying or will pay during your period of enrolment.

If another person or agency is paying part of the costs, explain their portion of the contribution separately below.

The amounts listed are in:	USD	NZD	Cost per month
Daycare			\$
Medical (not covered by insurance)			\$
Other (please specify):			\$

You are required to provide an appeal letter with a detailed description of the special circumstances that affect your financial situation, proof of the above amounts, and copies of the relevant visas and medical insurance if the dependants are accompanying you to New Zealand.

Are you a New Zealand permanent resident/dual citizen? **YES** **NO**

If YES, are you a recipient of New Zealand Government funds to support the care of the dependant(s) listed above? **YES** **NO**

Please supply a confirmation letter of eligibility in relation to Work and Income Benefits such as Domestic Purposes Benefit (DPB), employment and training benefits, Emergency Maintenance Allowance, Main Benefits, or any other additional financial assistance to support your dependant(s).

SECTION 3: CERTIFICATION

I certify that all of the information submitted is correct and that the expenses shown are amounts which are paid by my household. I understand that approval of this request does not automatically mean approval of a similar future request. I understand that the information provided in past appeals may be reviewed for accuracy and this can impact the outcome of this appeal.

Student signature

Date (day/month/year)

Send to:

US Financial Aid
Wellington University International
Victoria University of Wellington
PO Box 600, Wellington 6140
New Zealand

Or submit to:

Financial Aid Coordinator
Level 2, Easterfield Building
Kelburn Campus
Kelburn Parade
Wellington