

**FINANCIAL AID**

**ADDITIONAL EXPENSE FORM**

**2025-2026**

**STUDENT’S LEGAL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID #\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_**

**If you have additional expenses or a change in expenses, provide the following:**

**[ ]  Medical expenses ~** generally, we will look at 2023 **paid** medical expenses only. List the expense and the individual for whom it was incurred. Provide documentation of the expense and of the amount paid. If medical expenses were claimed as a deduction on your tax return, submit a signed copy of your 2023 Federal Tax Return with Schedules 1, 2, 3 and A as applicable, or a copy of your **2023 Tax Return Transcript.** To request a **Tax Return Transcript** from the IRS for tax year 2023, contact the IRS at 1-800-908-9946 or [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Order-a-Transcript).

**[ ]  Mileage ~** How many miles do you drive **per week** between school, work, and home?

  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]  Day Care ~** Complete the following Day Care Expense chart. Provide a copy of a billing statement or signed letter from the daycare provider showing the amount billed and timeframe covered.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF FAMILY MEMBERS IN DAYCARE | AGE | RELATIONSHIPTO STUDENT | **MONTHLY** DEPENDENT DAYCARE EXPENSE | **NAME & ADDRESS OF DAYCARE PROVIDER** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

For additional information regarding childcare assistance programs, please visit: [uwgb.edu/phoenix-cares/childcare/](https://www.uwgb.edu/phoenix-cares/childcare/)

**over**

**Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Miscellaneous ~** List type of expense and **provide documents** (including dollar amounts), such as copies of receipts or price quotes (examples of professional licensure, certification, or a first professional credential, computer purchase; max $800.00, disability related expenses not provided by other agencies).

* List **specific** dollar amounts.
* Give an explanation for the additional expenses, **with documentation**.

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**Since changes in aid offers must be verifiable by the Financial Aid Office, providing detailed and thorough information will help to avoid delays in reviewing the appeal form.**

 **LEGAL SIGNATURES** (of student and others completing this form)

 **Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent e-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You can securely upload this appeal and any supporting documentation here:** <https://www.uwgb.edu/financial-aid/upload-documents/>.

You can also mail to**:** UW-Green Bay, Office of Financial Aid (SS1200), 2420 Nicolet Dr. Green Bay, WI 54311. We do not recommend emailing documents containing sensitive data.

Questions? Need more information? Visit [www.uwgb.edu/financial-aid](http://www.uwgb.edu/financial-aid), call 920-465-2075 or email financialaid@uwgb.edu