



**RETURN TO:**

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Last

First

Middle Initial

Student ID#: \_\_\_\_\_

**Student Parent Cost of Attendance Request for Adjustment**

Use this form to request an increase in your financial aid [Cost of Attendance](#) if your actual education-related expenses exceed those currently included in your financial aid budget. This request is intended for student parents who may have additional costs related to supporting themselves and their families while attending college.

If approved, your Cost of Attendance may be increased to the amount listed on the [Cost of Attendance](#). While approval does not guarantee additional financial aid, it may increase your eligibility for need-based assistance. This adjustment reflects the additional food, housing, and transportation expenses incurred by student parents.

- I certify that I am a student parent whose education-related expenses exceed the current financial aid budget (Cost of Attendance), including additional costs related to food, housing, transportation, and dependent care expenses.

For additional information and resources for student parents, please visit:

<https://www.sccollege.edu/students/student-services/hawksnestbasicneedscenter/students-with-children>

**Certification and Signature**

By signing, I certify that the information provided in this form is true, accurate, and complete to the best of my knowledge. I understand that submission of this appeal does not guarantee an adjustment to my Cost of Attendance or financial aid eligibility and that additional documentation may be requested to support this increase.

**WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**For Office Use only:**

<input type="checkbox"/> Budget components are updated (budget code = STUPAR2)	
Comments/notes:	
FA Staff Signature	