This form contains Personally Identifiable Information



Please submit this worksheet, and all applicable documents to: GSON Financial Aid Office 4483 Duncan Ave. St. Louis MO 63110

Fax: 314-362-2132

2023-2024 Cost of Attendance Adjustment Request

Last Name:	First Na	me:	ID #:A
student attending a college or u living expenses, transportation	iniversity. The COA is costs, books, supplies ation you may use this	mprised of both direct and indirect inclusive of direct: tuition and fees and feed, food, and personal expenses. If you form to request a review, at the disease to your COA.	and indirect expenses: ou believe your COA does
Please note that federal law do 1. Credit card/consumer 2. Entertainment or othe 3. Home or automobile p 4. Living expenses not dir 5. Living expenses or edu	debt r personal choice exp urchase rectly related to educa	enses	or dependent care)
	Mor	nthly Budget	
Sources of Income	Monthly Income	Estimated Expenses	Monthly Expenses
Wages		Rent/Mortgage	
Child support received		Utilities/Phone/Internet	
Food stamps (SNAP)/ WIC/ free reduced lunch		Food	
Social Security Benefits		Transportation	
Welfare Benefit		Personal	
Housing Subsidy (Section 8)		Child Care	
Family/Friend Support		Medical/Dental	
Other (specify):		Other (specify):	
Total Monthly Income		Total Monthly Expenses	
		more accurately describe why you h	nave higher expenses.
The information provided is accura equate to additional funds being av	te to my knowledge, an	nt Certification d I understand an increase in my COA is	not guaranteed and does no
Student Signature			 Date