

# EMPORIA STATE UNIVERSITY

FINANCIAL AID, SCHOLARSHIPS & VETERANS SERVICES

## 2025-2026 Cost of Attendance Adjustment Request

Campus Box 4038, 1 Kellogg Circle, Emporia, KS 66801  
 Phone: (620) 341-5453  
 Fax: (620) 772-9205  
 finaid@emporia.edu

\_\_\_\_\_  
 Name E \_\_\_\_\_  
Student E-Number

\_\_\_\_\_  
 Street Address City State Zip

\_\_\_\_\_  
 Phone Number E-mail Address

**Please note the following:**

- Before completing this form, please review your financial aid award and your “Cost of Attendance” in Hornet 365. Only complete this request if your financial aid has been awarded up to your cost to attend.
- All expenses listed on this form must be supported by appropriate documentation. Expenses listed without supporting documentation will not be reviewed. Documentation must be provided with this request form.
- Only educational expenses and expenses incurred during your enrollment period will be considered.
- Expenses requested below must **exceed** the allowance that has already been used to calculate your estimated budget amount.

**Provide the cost and supporting documentation for each item you wish to have reviewed, requests submitted without documentation are subject to denial.**

\$	<b>Living Expenses (Rent/Utilities):</b> Attach a copy of your lease/monthly utility bills/etc. A monthly food allowance will be automatically considered.
\$	<b>Transportation:</b> Provide repair receipts, proof of mileage, etc. Expenses NOT considered: Purchase/lease of a vehicle, car payments
\$	<b>One-Time Computer Purchase:</b> Allowable one-time. Include a purchase receipt with itemized components and costs. Allowance limited to \$1,000.
\$	<b>Child Care:</b> Expenses may include daycare costs incurred during class time, study time, internships, etc. Only one parent attending ESU may receive this adjustment and only children under the age of 12 are eligible. Provide the name and age of the child(ren), and proof of expense.
\$	<b>Other Miscellaneous Education Related Expenses:</b> Expenses may include higher than average medical/dental expenses or emergency situations. Provide explanation as well as supporting documentation.

**Submit this form and documentation using Secure Document Upload:**  
<https://www.emporia.edu/financial-aid/forms-publications-and-resources/>