



CHANGE IN INCOME APPLICATION

2023-2024 Academic Year

Please follow the step-by-step instructions listed below, attach the required documentation to this application, sign all documents being submitted including this application, and submit to the Financial Aid Office.

Name: _____ Student ID: _____

Address: _____ Email Address: _____

City, State, & Zip: _____

Birth Date: ____/____/____ Phone: _____

1. Check the reason(s) for the change in your income:

- Unemployment or change in employment Loss in income Death of spouse
 Disability of student/spouse Divorce/Separation Death of a parent
 Disability of a parent Other (explain): _____

2. Check the income period that most accurately reflects your current income:

- January 1, 2021 through December 31, 2021
 January 1, 2022 through December 31, 2022
 January 1, 2023 through December 31, 2023

3. Attach all the following documentation to this application:

- Letter explaining what the income will be for the income period listed in #2
 Copies of most current paycheck stubs, MFIP, SSA, Unemployment and any other funding statements
 Copies of 2022 W-2 and 2022 federal tax forms (If completing this application after 12/31/2022)
 Other documentation, not already requested, that supports the new income: _____

4. Did you have a one-time income during 2021? (Circle) Yes No

If Yes, attach proof of this income (tax forms, rollover statement, inheritance document, pension distribution, etc.)

5. Will you have any of the following out-of-pocket expenses from July 1, 2023 through June 30, 2024?

- Elementary, Middle, or High School tuition (if Yes, attach a copy of the bill or invoice)
 Excessive out-of-pocket medical or dental expenses (if Yes, attach a copy of the bill or invoice)
 Purchased or leased a computer (if Yes, attach a copy of the bill or invoice)

Student Signature

Date



CHANGE IN COST OF EDUCATION

STUDENT NAME (Print) _____ Student ID _____

Please complete as it applies to you/your family's circumstances and provide documentation as requested. Item number one will be considered for a budget add-on. Numbers two and three may result in a change to your expected family contribution and could result in different types of aid being awarded.

____1. I request an add-on to my standard school budget for expenses, which are not funded by any source as indicated below:

A) CHILDCARE

1st Semester: \$ _____ per hour x _____ hr/week x 16 weeks = \$ _____

2nd Semester: \$ _____ per hour x _____ hr/week x 16 weeks = \$ _____

Childcare provider name: _____

Childcare provider's address: _____

Childcare provider's telephone number: _____

Were you or will you be reimbursed by any agency for any childcare expenses? (i.e., Social Services)

_____ Yes

_____ No

If yes, how much \$ _____

Lac Courte Oreilles Ojibwe University

Odaawaa-zaaga'iganing
Lac Courte Oreilles

Mashki-ziibiing
Bad River

Waaswaaganing
Lac du Flambeau

Miskwaabikong
Red Cliff



B) Other expenses (Could include excessive mileage, living expenses, purchasing laptop and/or any additional funds not included in your cost of education) Please provide documentation. _____

____2. I request that the following amount of unusual medical or dental expenses paid in 2016 be taken into consideration in determining my financial need (Please attach receipts for the amount indicated. DO NOT include any amount that were reimbursed to you or paid by insurance).

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

A parent signature is needed when adjustments to parent's information is being requested.

Return to the Financial Aid Department

WARNING: If you or your parents purposely give false or misleading information on this form, you may be fined up to and including \$10,000 and/or receive a prison sentence.