



Western Nevada College

Financial Assistance Office

Request Increase to Cost of Attendance

Student Name _____ NSHE ID # _____ Award Year _____

Complete this form if you have special circumstances. TD .009 to Tc (an) Tj /TT2 1 Tf .208 0 TD .0028 Tc (an) Tj /TT1 1 Tf 1.0129

Written explanation and supporting documentation.

Dependent Care/Childcare Expenses

Required documents:

- Written explanation of relationship to dependent and dependent care needs.
- Copy of contract indicating monthly payment amount.

Professional licensure, certification, or a first professional credential

Required documents:

- Written explanation and supporting documentation.

This request, along with supporting documentation, must be received by our office during the applicable Award Year.

Student Signature: _____

Date: _____