- Barnes-Jewish College- GOLDFARB SCHOOL of NURSING

BJC HealthCare

This form contains Personally Identifiable Information

2025-2026 Cost of Attendance Adjustment Request

Last Name:	First Na	me:	ID #:A
student attending a college or u living expenses, transportation o	niversity. The COA is costs, books, supplies tion you may use this	mprised of both direct and indirect inclusive of direct: tuition and feet, food, and personal expenses. If you form to request a review, at the cease to your COA.	s and indirect expenses: you believe your COA does
Please note that federal law doe	es <i>not</i> allow a COA inc	crease for the following:	
1. Credit card/consumer of	debt		
Entertainment or other		enses	
3. Home or automobile purchase			
4. Living expenses not dire			
5. Living expenses or educ	cational costs of a stu	dent's spouse or children (except	for 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	
	ated to your request.	nore accurately describe why you Please do not adjust or alter this f	
The information provided is accurat equate to additional funds being aw	te to my knowledge, and	nt Certification d I understand an increase in my COA	is not guaranteed and does not
Student's Hand Signature			 Date