Summer 2025 Additional Family Expenses Request

SMRFAM

Name: _____   Evergreen ID: _____
      Last, First, MI

Address: _____   Phone: _____
      Street, City, State, ZIP

In the standard Cost of Attendance at Evergreen, living costs are based on expenses of a single individual. Use this expenses request to add necessary expenses to support a family to your Cost of Attendance.

Please provide the following with this request, or it will be considered incomplete:

☐ A letter explaining what the extra expense is for.

☐ Documentation for the expense. *more information on back of form.*

☐ Review, print and attach your total loan indebtedness at www.studentaid.gov

In most cases, the result of this request will result in additional loan(s) depending on eligibility. Please note that when funding your additional expenses with a Federal Direct Unsubsidized Loan, interest begins to accrue as soon as the loan disburses.

Please check the appropriate box:

☐ Please add or increase my Federal Direct Subsidized Loan to my maximum eligibility.

☐ Please add or increase my Federal Direct Unsubsidized Loan to my maximum eligibility.

☐ If eligible, I only want to accept $ _____ in loans.

☐ I have another source of money to cover this expense: _____. (eg. Scholarship, AmeriCorps, Private Loan, etc.)

☐ My parent is going to request a Parent Plus Loan.

Note: Loans may be cancelled on request during the academic year. Cancellation of loans may result in you owing the college for funds already disbursed. If you have not accepted any Federal Direct Loan for the current academic year, follow the directions at http://www.evergreen.edu/financialaid/loans-direct

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Do you have dependents?

☐ Yes, I have # _____ dependents.

☐ No, I do not have dependents. *If no, please contact the financial aid office for assistance with your circumstances.*

☐ I pay for childcare for my dependents while I am attending class or participating in class-related activities.

*Documentation for your expense request needs to coincide with your letter. Documentation could include: a letter from your child care provider, receipts, canceled checks or invoices.

Dependent Name	Age	Avg. Hrs per Day	Hourly Day Care Fee	Avg. Monthly Expense

Name and contact information for childcare provider: _____

Will you be receiving child care assistance? ☐ Yes ☐ No

Source of Assistance: _____ Monthly Amount: $_____

Comments:

_____

_____

_____

_____

Student's Signature: _____ **Date:** _____