



Office of Financial Aid

**2019/2020 Elementary/Secondary
School Costs Appeal**

Student Name _____ Student ID _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Federal regulations authorize the Financial Aid Administrator to exercise professional judgment on a case-by-case basis in situations where added educational expenses may place a hardship on a family's ability to contribute to the cost of education. Please answer the following questions so that your circumstances can be considered.

Name of Relative	Age	Relationship	Name of School	Total 2017 Annual Education Expense

ATTENTION APPLICANT: Attach all required documents to this completed form and return to the Financial Aid Appeals committee.

Required Documents:

- Copy of 2017 Federal Tax Return Transcript
- Receipts or statement from educational institution itemizing 2017 expenses
- Statement indicating from what sources you financed the above expenses

1000 Galvin Road South
Bellevue, NE 68005-3098

For questions please contact Bruin Support Services at 402-293-2000 or 1-800-756-7920 or by email at BRUINSupportServices@bellevue.edu

Fax (402) 557-5425