



Dakota College at Bottineau

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Unusual Circumstances Budget Appeal Form 2020-2021

Student Name _____ Student ID# _____

DCB Email Address _____

This form should be completed and returned to the Financial aid Office if you, your spouse, or a parent has incurred an unusual expense or unusual circumstance.

Who incurred the unusual expense or circumstance: Student ____ Spouse ____ Father ____ Mother ____

Indicate the amount of additional funding you are requesting: \$ _____

DOCUMENTATION

Supporting documentation that verifies your unusual expense or unusual circumstance must be attached. Forms submitted with incomplete documentation will not be processed.

Please check off your unusual circumstance from the list below. See the back of this form for the required documentation for each circumstance.

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|--|---|
| <input type="checkbox"/> Childcare Expenses | <input type="checkbox"/> Housing Costs |
| <input type="checkbox"/> Computer Purchase | <input type="checkbox"/> Commuting Expense |
| <input type="checkbox"/> Death of a Family Member | <input type="checkbox"/> Separation or Divorce |
| <input type="checkbox"/> Loss of Benefits | <input type="checkbox"/> Liquidation or Foreclosure of Assets |
| <input type="checkbox"/> Roth IRA Rollover | <input type="checkbox"/> Loss of Employment |
| <input type="checkbox"/> Parent Enrolled in College | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Elementary/Secondary School Tuition Expense | <input type="checkbox"/> Other |

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

Student signature: _____ Date: _____

IMPORTANT: All attachments (letters of explanation, etc.) must be signed, dated and reflect the name and student ID number of the student. Your appeal will be evaluation at the earliest available date. Please allow a minimum to two to four weeks for processing this form.

Unusual Circumstance	Documentation Required
Child Care Expense	Letter listing: <ol style="list-style-type: none"> Name and age of dependent(s) Hourly rate paid Total monthly cost Name & address of provider
Housing Costs	<ol style="list-style-type: none"> Copy of rental agreement or mortgage payment Copy of most recent monthly utility bills
Computer Purchase	Copy of purchase order or receipt for a computer (purchased between 08/2020 & 06/2021)
Commuting Expense	Letter listing: <ol style="list-style-type: none"> Number of miles traveled each day where you are traveling from and campus you are traveling to
Death of a Family Member	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Relationship of decease to the student Copy of obituary Copy of 2018 federal tax return and W2s
Separation or Divorce	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Revised household members Copy of divorce decree or proof of separation Copy of 2018 federal tax return and W2s
Loss of Benefits	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Whose benefit(s) was terminated Amount of benefit(s) received for last two years Reason for termination Copy of document from provider stating termination Copy of 2018 federal tax return and W2s
Liquidation or Foreclosure	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Type of asset liquidated Gross sales proceeds List of where proceeds were applied Copy of foreclosure notice Copy of 2018 federal tax return and W2s
Roth IRA Rollover	<ol style="list-style-type: none"> Copy of documents from investment agency verifying the rollover of pension or IRA to a Roth IRA Copy of 2018 federal tax return and W2s
Loss of Employment or separation from military	<ol style="list-style-type: none"> Letter listing <ol style="list-style-type: none"> Who lost employment Reason for loss of employment Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability benefits, etc.) to date of termination (per family member)) Projected income and untaxed income to the end of 2019 Copy of last pay stub from employer Copy of 2018 federal tax return and W2's
Parent Enrolled in college	Letter listing: <ol style="list-style-type: none"> Which parent is enrolled Number of enrolled credits Statement from their college stating the parent is enrolled ½ time or greater in a degree granting program
Medical Expenses	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Who incurred the expense(s) List of medical expenses incurred Copy of Explanation of Benefits from insurance carrier Copy of medical bills
Elementary/Secondary School Tuition Expense	Letter listing: <ol style="list-style-type: none"> Person for whom tuition is being paid Copy of tuition contract