



2009-2010 Appeal for Additional Expenses – Physical Therapy Conference

This appeal form should be submitted to the Financial Aid office by April 4, 2010, if you will need additional aid for your required physical therapy conference. Please attach copies of conference information and allow three weeks for review. The accuracy of the information provided on the appeal must be verified before any adjustments are considered. Student expense parameters set by the State of Colorado may override specific requests based on financial aid regulations.

Student Name _____ Student ID # _____

I am requesting an adjustment in financial aid due to my attendance at a required conference. Documentation for the conference and estimated expenses is attached.

Name and Location of conference:

Beginning date of conference: ____/____/____ Date scheduled to leave Denver: ____/____/____

Ending date of conference: ____/____/____ Date scheduled to return to Denver: ____/____/____

Name of conference: _____

Location of conference: _____

ESTIMATED EXPENSES

Conference Registration Fee:

Full conference fee: \$_____ OR Fee for less than full conference: \$_____

Please explain: _____

Transportation:

Estimated roundtrip airfare: \$_____ OR Estimated roundtrip number of miles: _____

Estimated Room Expenses:

Hotel nightly amount is: \$_____ Name of hotel: _____

Estimated Other Expenses:

Other expenses estimated total: \$_____ for (please explain in detail):

Certification:

I understand that the accuracy of information provided must be verified. I certify that the information on this form is true, accurate, and complete to the best of my knowledge. If asked, I agree to provide proof of the information provided on this form.

Student's Signature

Date