



103 Young Hall • 820 Chestnut Street  
Jefferson City, MO 65101  
Phone: (573) 681-6156  
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**2026-2027 Special Expense Form**

**Student ID:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I. Books and Supplies**

The standard book/supply allowance can be replaced with a new allowance, which includes both standard items and special items for engineering, art/design, and other similar courses. (Estimates or actual figures are acceptable.)

Your total book costs per semester: \$ \_\_\_\_\_

Your total supply costs per semester: \$ \_\_\_\_\_

- Documentation:
- Confirmation from instructor or advisor that total cost is reasonable
  - If available, receipts for items purchased.

Academic Advisor/Instructor's signature	Department	Date
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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature affirms that book/supply cost is reasonable for student's courses.)

**II. Transportation**

The standard transportation allowance can be replaced with a new allowance specifically calculated to reflect your mileage to and from campus and your job. To determine the new or actual transportation cost allowance, complete the steps indicated below:

\_\_\_\_\_ miles per week X \_\_\_\_\_ weeks of school X \$.30 per mile = \$ \_\_\_\_\_ (New allowance)

Reason for non-standard transportation expense: \_\_\_\_\_

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**III. Dependent Care Costs**

A standard childcare allowance has been added to your cost of education if you reported dependent children in day care on your financial aid application. If the standard allowance is less than your actual day care expenses, it can be replaced with an allowance, which reflects your specific day care arrangements. Document your actual expense by providing a copy of your day care contract or a letter from your day care provider.

Standard Allowance \$ \_\_\_\_\_ Actual Cost \$ \_\_\_\_\_  
(1-1200 2-1800 3-2400 4-3000 5-3600)

**IV. Disability Related Costs**

If you have incurred expenses related to a disability, please provide copies of receipts to document these expenses. Also provide verification from your physician as to your disability.

\_\_\_\_\_ Amount of expenses \$ \_\_\_\_\_

**V. Elementary/Secondary Tuition Expense**

Federal methodology does not recognize expenses for elementary/secondary tuition as an adjustment to available income or assets. However, if the family can document that the unique education needs for a family member requires schooling that is not provided at public expense then an adjustment can be made to the family's income or assets.

Annual Amount = \$ \_\_\_\_\_ For \_\_\_\_\_  
(Type of Expense)

(Attach a letter from physician, psychologist, or others to document need for special schooling.)

**VI. Other (please explain)**

(For medical expenses you must use the Special Consideration Form)

\_\_\_\_\_  
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\_\_\_\_\_  
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FOR OFFICE USE ONLY ----- DO NOT WRITE BELOW THIS LINE  
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Category: \_\_\_\_\_ Amount Allowed: \_\_\_\_\_

Category: \_\_\_\_\_ Amount Allowed: \_\_\_\_\_

Original Budget: \_\_\_\_\_ New Budget: \_\_\_\_\_

FA Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_