

**Name:**

**ID:**

**2025-26 Add'l Costs for Nursing (752)**

**Western Illinois University**

Financial Aid Office  
Sherman Hall 127  
1 University Circle  
Macomb, IL 61455-1390  
Phone: 309/298-2446  
FAX: 309/298-2353  
Financial-aid@wiu.edu

I would like to be considered for additional loan eligibility due to program-specific costs that will be incurred during the 2025-26 academic year. I will request my Academic Advisor complete the information below.

I understand the following:

- The budget increase will be based only on the information confirmed below.
- I may have to apply for a private alternative loan or my parents may have to apply for a Parent PLUS loan if I have no federal student loan eligibility remaining for the year.
- If eligible, loan funds will be applied to my university account.
- If I owe a balance on my university account, I may not receive a refund to use for these costs.
- I understand I will be contacted through my WIU e-mail account after review is complete.

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For the Nursing Advisor:** Please indicate the cost and the term incurred for each item to be purchased during 2025-26. Then, forward this form directly to the Financial Aid Office.

<b>Additional Expenses</b>	<b>Cost</b>	<b>Fall 25</b>	<b>Spring 26</b>	<b>Summer 26</b>
CPR Course	\$			
Watch with a second hand	\$			
Health Requirements & Drug Screening	\$			
Criminal Background Check	\$			
Immunization Tracking through Certified Background	\$			
Textbooks	\$			
Uniform/Lab Coat & Purple Polo	\$			
Nursing Student Photo ID	\$			
Shoes, White Hose/Socks	\$			
Stethoscope & BP Cuff				
Standardized testing	\$			
Nursing Student Liability Insurance (NSO)	\$			
Conferences	\$			
Lab Practice Bag	\$			
IBM Compatible Laptop	\$			
Microsoft Office 2010 Student	\$			

**Nursing Advisor's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Nursing Advisor's printed name** \_\_\_\_\_ **WIU email** \_\_\_\_\_