

Name:

ID:

2023-24 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 2023-24 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 2023-24. Then, forward this form directly to the Financial Aid Office.

Additional Expenses	Cost	Fall 23	Spring 24	Summer 24
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 _____