



2017-2018 Budget Adjustment Request Form

A. STUDENT'S SECTION:

Student Name: _____ Program: _____

Address: _____ City: _____ ST: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

B. Indicate the Reason(s) for Budget Adjustment Request:

___ **A. Disability.** An allowance for expenses related to a student's disability may be included in the cost of attendance. These expenses include special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies. If you have already claimed these items as a deduction on your Federal Income Tax Return, your request cannot be approved. **Documentation that is required for this adjustment: 2016 Tax Return and proof of payment.**

___ **B. Child Care.** For a student with dependents, an allowance for costs expected to be incurred for dependent care may be included in your cost of attendance. This covers care during periods that include, but are not limited to, class time, study time, field work, internships, and commuting time for the student. If approved, the amount of the allowance will be based on the number and age of such dependents, but will not exceed \$4500 per child for the year. **Documentation that is required for this adjustment: Proof of Payment or contract showing future commitment. Additional information needed is the name and age of dependent.**

___ **C. Medical/Dental Expenses (not covered by other programs).** You may request that current non-cosmetic medical/dental expenses, including (but not limited to) cost of insurance premium you pay be added to your cost of attendance. The amount of your expenses must exceed your Income Protection Allowance (IPA). The maximum increase amount is \$3000 per year. **Documentation that is required for this adjustment: Copies of receipts or agreement to pay.**

___ **D. Commuting Expenses.** Increased cost for out-of-area commuting to attend classes may be considered for an adjustment to the cost of attendance. To qualify for this increase, you must live more than 22 miles from campus and commute more than 176 miles per week.

Town and Zip Code, you are commuting from: _____

Town and Zip Code, you are commuting to: _____

Number of days per week you travel to this location for class: _____

___ **E. Other Educational Expenses.** Some students have additional expenses related to their degree. Some examples include, but are not limited to: (1) required fingerprinting and background checks (2) expenses for classroom projects in addition to standard books and supplies (3) cost of off campus testing required for first professional license or certificate (4) loan fees (5) cost of testing by a professional to diagnose suspected learning disabilities. **Documentation for this adjustment may vary, but are still required.**

___ **F. Room and Board and Miscellaneous/Personal Expenses.** You may request to have your current living expenses assessed and adjusted for if the amount you are paying in rent/mortgage, utilities, and groceries exceeded the budgeted amount. All adjustments for this item will be completed on a case by case basis. Relocation expenses will also be adjusted on a case by case basis, as well as all miscellaneous/personal expenses. **Documentation for these items will vary, but is still required.**

C. Certification and Signature

I hereby certify that the information provided on this form is accurate. I understand that all financial aid monies are to be used for my cost of education, any other use is considered fraudulent and prohibited by law.

Student's Signature (REQUIRED): _____ Date: _____