

2018-2019 Budget Appeal Form

Last Name	First Name	MI	SWC ID Number
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INSTRUCTIONS:

Southwestern College's Financial Aid Office understands that the pre-determined budgets used for commuter and off-campus students may not include all reasonable budget expenses actually incurred by students. You can use this appeal to request the inclusion of additional budget items to see if you can qualify for additional aid. Please complete this form and return along with supporting documentation to the Financial Aid Office.

DEADLINES TO SUBMIT BUDGET APPEALS:

Fall only students (not enrolled spring):	10/19/18
Spring only and fall/spring students:	3/21/19

A. ITEMS WE CAN CONSIDER (including but not limited to)

Automotive repairs (non-cosmetic repairs to a vehicle owned by the student)
Car repairs not covered by insurance and car registration paid during the academic year. Include make, model and year of your vehicle along with itemized invoices that show the date of service and type of work done. Only one vehicle can be considered.
Automotive insurance
Provide a copy of your insurance policy (not your card) that includes your name, premium amount, and policy period.
Medical, Dental, or Optical Expenses
Costs paid during the academic year and not paid by insurance. Provide your health care provider's billing statements that show your cost, date of treatment, and amount you paid. Projected expenses that will occur during the academic year may be considered when you present a signed health care provider's statement, written on letterhead, indicating the required treatment or medication cost, and scheduled date of treatment or expenses.
Medical, Dental, or Optical Insurance
Attach a copy of your insurance policy (not your card) that includes your name, premium amount, and policy period.
Computer Hardware and Software Allowance
Computer expenses allowed for school use include a CPU, monitor, keyboard, printer, and relevant software. One computer workstation plus one hardware and/or software upgrade, not to exceed \$2,000 is allowed per program of study. If the computer workstation was purchased during a period of non-enrollment, but you are making payments during the academic year, those payments may be considered. Provide a copy of your purchase order that includes your name, date, and amount.
Childcare, elder/family care expenses
Attach a signed letter detailing the hours each day, which days per week, and the amount you pay each week for each child or other family member. Indicate whether or not you are qualified for reductions or forgiveness of any of these costs. Attach a copy of your class schedule. Also attach a statement from your child/family care provider (on provider's letterhead) indicating the name and age of each family member, the days that care is provided and the weekly care cost associated with each family member. If your care provider does not have letterhead, his/her signed statement must include their contact information and the address where the care is provided. Costs must have been incurred by you during the fall and/or spring semester to be considered (8/22/17 - 5/26/18).
Additional costs for police academy and allied health majors (nursing, dental hygienist)
Provide copies of receipts to verify additional costs incurred for additional equipment or supplies required for students in these programs (i.e. medical equipment and supplies, uniforms, etc).

B. ITEMS WE DO NOT CONSIDER (including but not limited to)

- Car payments
- Rent, food, utilities (accounted for in normal budgets- we do not increase your budget because you pay higher than average rent)

IMPORTANT NOTES:

- Submitting a Budget Appeal Form does not guarantee an increase in financial aid.
- You can submit only one (1) Request for a Budget Increase per semester.
- To be considered, your Budget Appeal expenses must total at least \$100.
- We can consider only *your* expenses. We cannot consider expenses for children, a spouse, parents, pets, etc.
- Payment documentation must verify you made the payments.
- Attach proof of payment (photocopies of credit card receipts, canceled checks, bank statements, etc.), for all expenses you submit. Payments made in cash cannot be accepted.

AUTOMOBILE REPAIRS AND INSURANCE

Registered owner of vehicle: _____ Make: _____ Model _____ Year _____			
Date of service or start of policy	Name of repair or insurance provider	Type of service (insurance or type of repair)	Cost of service or policy

MEDICAL, DENTAL, OR OPTICAL EXPENSES AND INSURANCE

Date of service or start of policy	Name of health care or insurance provider	Type of service (insurance or type of service)	Cost of service or policy

COMPUTER AND/OR CHILD CARE EXPENSES

Date of service (if applicable)	Name of service provider	Type of service (expense or type of service)	Cost of service or purchase

C. Certification

I certify that all information reported on this form is true and accurate to the best of my knowledge. I have attached all required documentation. If asked, I will provide additional documentation of my unusual expenses.

I understand that purposely providing false information may lead to a cancellation of my financial aid and prevent me from receiving financial aid in the future.

Student Signature

Date

Submit this form to the Southwestern College Financial Aid Office or to any of the Student Services Departments at any of the Higher Education Centers. You should make a photocopy of this form for your records.