

Cost of Attendance (Budget Appeal)

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.

- 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.

SECTION 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 current fall and/or spring semester to be considered.

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).

Instructions on HOW TO REQUEST a Cost of Attendance Appeal:

If you have not already done so you will need to set up access through the Jag Docs platform.

Go to link: https://swccd.verifymyfafsa.com/

You must have a valid FAFSA on file and your name, DOB, SSN must match what you entered on your FAFSA.



| Register Account | |
|---|------------------|
| This page will automatically close and log you out in 02:38 | * Required |
| Confirm Student Information | |
| nformation provided in the fields below must match information provided on your inancial aid application - either the Free Application for Federal Student Aid (FAFSA) or he California Dream Act Application. Please ensure all four pieces of information match o what you provide on the FAFSA or Dream Act Application. If you have not submitted ither application to your school, please ensure that the information below matches the nformation your school has on file. | |
| * First Name | |
| | |
| • Last Name | |
| (| |
| • Date of Birth | |
| month/day/year | Ċ. |
| Social security number/DREAM ID | |
| Preferred Email | |
| Confirm Email | |
| | |
| Phone Number Provide a phone number to subscribe to mobile phone text messages for account updates. Standard text message charges apply) | |
| () | |
| | Register Account |

1. Once you are logged on, you may request an appeal by selecting the "Manage Request" button.



| ≡ | | StudentForms | 🚺 Claudia 🗸 |
|---|-------------------|---------------------------------|---------------------|
| Ê | Needs Action | Needs Action | Manage Requests |
| ~ | Completed Actions | | |
| Ľ | My Docs | You're all caught up right now. | |
| - | Activity | Version 22.24.7917 | |
| | Contact Us | | |
| | | | |

2. Then select the PLUS + button to request the Cost of Attendance Appeal and provide a reason of your request. Click SUBMIT.

3. Once your request is created, you will be able to complete the actual appeal: Click "Fill Out" and complete the appeal.

You will be notified by Financial Aid and Scholarships when your appeal has been processed, or if any additional information is required.