



## 2011-2012 Graduate/Law Student Personal Expense Budget Appeal Form

The Office of Financial Aid establishes the annual student expense budget for students in accordance with federal regulations (20 U.S.C. Sec. 1087II). Commonly accepted expenses such as tuition, fees books, supplies and a reasonable living allowance are included in the student expenses budget. This budget, less all resources available to the student (including scholarships and other financial aid awards), determines the maximum amount of educational loans available for the loan period.

Students may appeal, on an annual basis, to increase their student expense budget. An increase in the student expense budget will enable the student to borrow additional loan funds, subject to lender approval. Appeals to increase the student expense budget are commonly approved for additional funds to cover **reasonable** costs such as the purchase of a computer, printer, software, unusual medical or dental expenses and the support of other dependents.

Non-educational related costs that **will not** be considered for increasing the student expense budget include, but are not limited to: car payments, car maintenance, credit card balances or payments, other consumer loans or living costs during periods of non-enrollment, including expenses related to life before or after school.

**Instructions:** Complete the form with the information requested below, including the monthly amount needed to cover personal expenses. **Incomplete forms may result in a delay in processing.** Submit the form with the required signatures to the Office of Financial Aid. Please allow two to four weeks for your appeal to be reviewed.

Name \_\_\_\_\_

Student ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Total amount of increase requested: \$

**Academic Period:** (check only one)

August 2011 to May 2012 (Fall/Spring)

May 2012 to August 2012 (Summer)

**Anticipated credit hours per term:**

FA \_\_\_\_\_ SPR \_\_\_\_\_ SUM \_\_\_\_\_

### Section I: Itemized Monthly Budget (Attach appropriate documentation for each expense marked with \*)

Monthly Expenses	
Category:	Amount:
Rent/Mortgage*	
Utilities	
Meals	
Personal/Entertainment	
Transportation (not including car payments)	
Health Insurance	
Computer Purchase*	
Medical/Dental Expenses	
Other*:	

Monthly Resources	
Source:	Amount:
Student/Spouse Net Income (after taxes)	
Veterans Benefits	
Unemployment Benefits	
Child and/or Spousal Support	
Graduate Assistantship	
Employer Tuition Remission	
Other:	

Total Expenses (per month): \$ \_\_\_\_\_

Total Resources (per month): \$ \_\_\_\_\_

### Section II: Household Certification Information

List the people that you (and your spouse) will financially support during the academic year; attach a separate sheet for additional space if necessary. Support includes money, gifts, loans, housing, food, clothes, medical and dental care, payment of college costs, etc. You should include:

- 1) yourself (and your spouse, if you have one),
- 2) your children (if you provide more than half their support) and
- 3) other individuals if they live with you *and* you will provide more than half of their support *and* will continue to provide more than half of their support during the current academic year.

Name:	Relationship to You:	Age:	Current College/Grade Level:
	Self		

### Section III: Certification and Signature(s)

I (We) hereby affirm that all information reported on this form and any attachments hereto is true, complete and accurate to the best of my (our) knowledge. I (We) understand that if any federal student aid is received based on incorrect information, I (we) will have to pay it back. I (We) may also have to pay fines and/or penalty fees. I (we) also understand that additional documentation may be requested by the Office of Financial Aid.

Signatures: Student: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE OF FINANCIAL AID

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