

## Financial Aid Request for Budget Adjustment

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_ Aid Year: \_\_\_\_\_

travel, miscellaneous/personal expenses circumstances that are over and above you increase. These requests will be reviewed financial aid office will be made.  NOTE: Increasing your budget does NOT costs of attendance budget, which may all	our estimated amount, yo d on a case-by-case basis give you more financial a llow you more financial a	our budget may be of and a professional j aid. It only increases aid if you are eligible	considered an judgment by the syour estimated . If you are not
sure if it could benefit you, please contact	Afinancial aid counselor Additional amount		
Budget component		Actual budget amt	Jse Only  New budget amt
Additional Program Fees			
Computer (not to exceed \$3000 in 4 yrs)			
Dependent Care			
Loan fees			
Miscellaneous/Personal			
Room/Board (housing/meals)			
Travel Study			
Transportation			
Other			
Attach documentation that supports y Scholarships Office.  Please allow 5-10 days for processing.  Student signature:		it to the Financial	Aid and
FAA Decision:	Office Use Only		
FAA Name:		Date:	
		Date.	