

2020-21 Budget Increase Request

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|---------------|--|
| Student ID # | |
| Name | |
| Email Address | |
| Telephone # | |

Please use this form to request an increase to your 2020-2021 standard budget at PA College. This request is for an increase above the standard budget, which includes tuition/fees, food/housing, books/supplies, transportation and personal expenses. Student budgets can only be increased for educationally related expenses incurred by and for the student during the student’s period of enrollment, and only by amounts above those already included in the standard budget.

Please note that this budget increase appeal does not directly result in you receiving additional financial aid. If you have accepted all of the federal, state, and/or institutional aid initially offered to you, you will most likely not receive additional aid as a result of this request unless you apply for additional funding (i.e. Federal Graduate PLUS loan, private education loan, etc).

Please complete and return this form and any requested documentation to Student Financial Services. Documents may be emailed to sfs@PAcollege.edu. To protect your personal information, we are only allowed to accept emailed documents from your PA College email address—documents from other address will **not** be accepted. Please allow 24-48 hours for your Required Documents to be updated (Portal > Self-Service Home).

Please select the term(s) for which you are requesting an increase:

| ✓ | Term | Deadline |
|---|-------------|------------|
| | Fall 2020 | December 1 |
| | Spring 2021 | May 1 |
| | Summer 2021 | August 1 |

Please provide a brief explanation of why you are requesting an increase and/or details surrounding your need for additional funding.

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The following are allowable expenses for a budget increase. Please check the expense(s) that you are requesting and submit the form with the required documentation. The numbers below represent semester amounts.

| ✓ | Type of Allowance | Amount in Standard Budget | Maximum Increase Allowable | Required Documentation |
|---|-----------------------------|---|---|--|
| | Books and Supplies | \$1,075 | Amount which exceeds allotment in standard budget | Syllabi from courses listing required items. Itemization of each expense and receipts. |
| | Child Care | \$0 | \$750/month for the first child; \$500/month for each additional child | Submit a personalized contract or a letter from your child-care provider describing services offered, name(s) and date(s) of birth of child(ren), and their costs. Also, provide proof of payment (such as cancelled checks or copies of receipts) for at least two consecutive months. Increase only considered for time in which you have a scheduled class and/or clinical. |
| | Course Load and/or Lab Fees | 12 credits; unless program is specifically half-time then 6 credits | Amount which exceeds allotment in standard budget | Documentation not required. We will review your class schedule to determine the amount of tuition you are charged above what is currently allotted in the standard budget. |
| | Health Insurance | \$0 | \$500 | Coverage for student only. Documentation of medical insurance premiums. |
| | Purchase of Computer | \$0 | \$1,200 | A one-time computer purchase will be considered if a receipt showing the item purchased is submitted. Receipt must include date and amount paid. Increase will not be considered for optional software, cases, warranties or other nonessential accessories. |
| | Rent | \$4,150 on/off campus; \$0 with parent | Amount which exceeds allotment in standard budget | Submit a copy of current signed lease, a personal statement explaining your current living situation—where do you live, who you live with, and monthly expenses, and rent payments/receipts occurring during the academic year. Homeowners, rental insurance, moving expenses, storage expenses and security deposits will not be considered. |

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my/my student's financial aid eligibility/award.

Student Signature: _____ Date: _____

Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.