

2019-2020 BUDGET ADJUSTMENT REQUEST INSTRUCTIONS

Financial Aid Office

Complete form in blue or black ink

You may request to have additional educationally related costs added to your Cost of Attendance/Student Budget. Cost must have been incurred by you during the fall and/or spring semesters you are enrolled in to be considered. 08/12/2019 to 05/21/2020 for the Academic Year; 08/12/2019 to 12/15/2019 for Fall only; 01/13/2020 to 05/21/2020 for Spring Only.

Payment documentation must verify you made the payments. Attach proof of payments (receipts, credit card statements, cancelled checks, bank statements, etc.) for all of your expenses. Listed below are the types of expenses we will be able to consider and the documentation is required.

Student's Last Name	Stude	ent's First Name	e Student's M.I.	SSO	C ID #
STEP 2: CHECK THE IT	EM IN WH	ICH YOU ARE R	EQUESTING A BUDGET INCREASE		
Child Care Exp You have child for when you	dren in day are workir	ng.	ass or at a school-related activity. You		
you pay. Also provider, if no Use the chart activity. This i to your class,	include a ecessary. below for ncludes th or commu	phone number each child that e time you are ting to and fron	that we can call to verify this information by the pay child care for when you are an class, at a school-related activity, strongless. DO NOT include hours you are	ation with to the an academ udying, doin e working.	he child care nically-related ng field work related
you pay. Also provider, if no Use the chart activity. This i to your class, Name of Child	include a ecessary. below for ncludes the	phone number each child that e time you are	you pay child care for when you are an class, at a school-related activity, st	ation with the at an academ udying, doing working.	he child care
you pay. Also provider, if no Use the chart activity. This i to your class,	include a ecessary. below for ncludes th or commu	phone number each child that e time you are ting to and fron	you pay child care for when you are a in class, at a school-related activity, stin class. DO NOT include hours you are Total hours per week in child care while	ation with the at an academ udying, doing working.	he child care nically-related ng field work related
you pay. Also provider, if no Use the chart activity. This i to your class, Name of Child	include a ecessary. below for ncludes the or commu	each child that e time you are ting to and fron Hourly child care rate	you pay child care for when you are a in class, at a school-related activity, straight class. DO NOT include hours you are a control to the class. Total hours per week in child care while academically-related activity	ation with the at an academ udying, doing working.	he child care nically-related ng field work related
you pay. Also provider, if no Use the chart activity. This i to your class, Name of Child	include a ecessary. below for ncludes the or commu	each child that e time you are ting to and fron Hourly child care rate	you pay child care for when you are a in class, at a school-related activity, straight class. DO NOT include hours you are a control to the class. Total hours per week in child care while academically-related activity	ation with the at an academ udying, doing working.	he child care nically-related ng field work rela

	A one-time budget increase may be requested for the purchase of a computer for up to \$2,000. You may include the cost of software, printers and scanners, but not warranty agreements or carrying cases. Devices that cannot be used for data processing (i.e. iPad, Kindle, etc.) will not be approved. You may be asked to provide a copy of the receipt showing you have purchased the computer. Required Documentation: Copy of the cost estimate (an online printout from the place you will purchase the computer is sufficient), or a copy of your receipt if you already purchased the computer during the current academic year. Have you previously had a budget increase for a computer at SCC? Yes or No What is the total cost of the computer (less the rebate, if there is one)? \$
	Unusually high medical or dental expenses not covered by insurance Provide a written document explaining the medical situation(s) including the affected family member(s). Please submit copies of all medical/dental bills you want to be considered. For further clarification, be sure to highlight the out-of-pocket expenses paid by you and/or your family (all medical/dental bills and amounts not covered by insurance).
I certify that I understand	TIFICATION AND SIGNATURE the information provided on this form and any attachments is true and correct to the best of my knowledge. It that additional documentation may be required. I understand that this information will be used to my eligibility and that false or misleading information may be cause for denial, termination and/or repayment aid funds.
Student	Signature Date

BUDINC Rev: 1/31/2020