Office of Scholarships & Financial Aid
601 S. College Road
Wilmington NC 28403-5951
910-962-3177 Telephone
910-962-3851 Fax
finaid@uncw.edu

Student's ID Number: _____

Student's Last Name: _____

Student's First Name: _____

2017-2018 Budget Increase Request Form

Federal regulations allow the Office of Scholarships & Financial Aid to make adjustments to student budgets based on educationally-related expenses, or for expenses that may directly impact the student's ability to continue his or her program of study. Increasing your financial aid budget may enable you to receive additional self-help aid (most often Federal Direct Student, PLUS or alternative loans).

Select the following that apply to your expenses and submit all documentation (receipts, bills, cancelled checks, estimates, etc.) Completing this form **does not guarantee** an increase in your budget. Students' budgets are developed in accordance with federal regulations and these regulations govern any and all changes made to student budgets.

Select all that apply. You must submit required documentation for each selection.
Incomplete forms will not be reviewed.

____Computer Expense _____Travel Expense _____Dependent Care Expense

_____Household Living Expenses _____Car Repairs _____Other_____

____Computer Expense Amount Requested $_____

Include documentation showing amount paid (or estimate) for purchase. The maximum allowable is $1500. If your costs exceed this amount, please indicate the reason (e.g. film studies major requires specific software programs). PLEASE NOTE: If you have received an increase in your budget for a computer in a prior term, your request will be DENIED.

____Travel Expense

Student's Home Address: _____

Number of miles traveled round trip per day to UNCW _____ Number of days per week _____

Include Mapquest or Google Maps directions from your home to UNCW. If traveling to an internship, attach documentation of assignment.

_____Dependent Care Expense **At least one recent payment receipt in the last 30 days must be attached to this form.**

Amount Paid $_____per_____to _____

Name of Day Care Provider

Telephone Number: _____

Dependents receiving care:

Name of child:_____**Age** ____ **Name of Child**_____**Age** ____

Name of child:_____**Age** ____ **Name of Child**_____**Age** ____

Signature of Provider:_____Date: _____

Student ID: _____

_____Household Living Expenses

Expenses must be incurred during the academic year (August 2017-May 2018). Please list **student's share** of monthly expenses for the following:

- Housing: Rent or Mortgage $_____ Number of roommates _____
  Attach a copy of the lease/ rental agreement or mortgage statement
- Total Utilities $_____
  Attach at least three months of utility bills such as phone, electric, cable& internet. An average amount will be used.
- Other necessary living expenses $_____

_____Required Car Repairs

Amount of Receipt/Estimate: $_____ Amount Requested $ _____

Include documentation showing amounts paid or estimates for goods or services necessary for repairs. Required repairs are those that are necessary for the student to continue their educational program. Normal expenses, such as tires and oil changes are already included in the cost of attendance and cannot be included here.

_____Other Amount Requested $ _____

Attach written explanation and supporting documentation.

- ***Medical or dental expenses paid out of pocket not covered or reimbursed by insurance require receipts, EOBs, or statements showing amount due***
- ***Additional educational supplies or equipment requires receipts or documentation showing necessity of purchase for completion of program.***

Student Signature

By signing below, I verify that the information on this form and any attached documentation is true and correct to the best of my knowledge. I understand that the Office of Scholarships & Financial Aid may request additional documentation in order to process this request.

Student Signature:_____ Date:_____

OFFICE USE ONLY

Computer	Travel	Dependent	Household	Car Repair	Other
	Mileage_____	Rate_____	Rent/Mortgage $_____		
	Days_____	Term Weeks_____	Utilities $_____		
	Weeks_____(.54)	Total: _____	Other $_____		
Approved Amount $_____	Approved Amount $_____	Approved Amount $_____	Approved Amount $_____	Approved Amount $_____	Approved Amount $_____
Initials_____	Initials_____	Initials_____	Initials_____	Initials_____	Initials_____
Initials_____	Initials_____	Initials_____	Initials_____	Initials_____	Initials_____