**Budget Increase Request**

**2014/2015**

**Directions:**
Please complete the form as appropriate, sign and date page 1 and 2, and return to the Financial Aid Office (with applicable verifying documentation) in one of the following ways:

- **Mail:** POMONA CAMPUS: Financial Aid Office 309 E. Second St, Pomona, CA 91766; LEBANON CAMPUS: Financial Aid 200 Mullins Drive, Lebanon OR 97355. **Email:** finaid@westernu.edu. Acceptable only if emailed from your WesternU account. **Fax:** (909) 469-5422 (least preferred method)

### Budget Increase Items*

*Only those expenses that were incurred during the current academic year will be considered.*

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<tr>
<th></th>
<th>Student Use</th>
<th>Financial Aid Use Only</th>
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<tbody>
<tr>
<td></td>
<td>Receipt Totals</td>
<td>Amount Approved</td>
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<tr>
<td>Medical, Dental, or Vision Insurance</td>
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<tr>
<td>Medical Care Expenses</td>
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<tr>
<td>Dental or Vision Care Expenses</td>
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<td>Prescriptions</td>
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<td>Childcare Expenses</td>
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<td>Parking</td>
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<td>Auto Repairs</td>
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<tr>
<td>Computer Purchase</td>
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</tbody>
</table>

**Approved Total** $________

☐ If approved, I would like to request an increase to my budget for student loan eligibility.

☐ If approved, I would like to request an increase for Federal Work Study eligibility.

**Student Signature:**

**Date:**

*Your request must be submitted 10 days prior to the end of the academic year. Failure to meet this timeframe will warrant an automatic denial.*

**OFFICE USE ONLY:**

<table>
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<tr>
<th>1415 Enrollment Period:</th>
<th>FA Counselor Signature</th>
<th>Date</th>
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</table>

**Approval Signature**

**Date**

*(If TOTAL APPROVED amount is greater than $5000, or if exceeding maximum childcare allotment)*

**NOTE:** For additional travel expenses, you must submit the Additional Travel Budget Increase Form instead.

Last Revised: 9/4/2014 – AZ
Statement of Rights & Responsibilities to Request a Budget Increase

By requesting a budget increase which allows me to borrow additional loans or receive Federal Work-Study eligibility, I agree that I understand the following rights and responsibilities

(INITAL each applicable statement):

__________ESTIMATES: If my request is approved based on an estimate, I MUST submit proof of purchase or copies of all receipts within 30 days of paying. Failure to submit proof of purchase will result in a bill of the approved amount and the request may be escalated to the Dean of my College if the Financial Aid Office believes that my request was submitted dishonestly. I also understand that I cannot submit an estimate for an expense that has already occurred; I must submit the actual receipt or proof of purchase.

__________CHANGES: It is my responsibility to notify the Financial Aid Office if there is a change in the documentation and request that I have provided. If I fail to notify the office in a timely manner of any changes, I may be at risk to the WARNING sign below.

__________DISBURSEMENTS: Per federal regulations, I will receive TWO equal disbursements on my regularly scheduled disbursement dates. EXCEPTION: If I am in a Nursing or Allied Health Program, I will receive THREE equal disbursements on my regularly scheduled disbursement dates.

__________LOANS: If my Graduate PLUS Loan is increased, I understand it is based on creditworthiness; my credit may be reviewed again for re-qualification if it has not been run within the last 90 days. If I initially qualified for the Graduate PLUS Loan with an endorser, I will need to contact Federal Direct for additional loan paperwork to submit.

__________DENIAL/APPEAL: On a case-by-case basis, Western University of Health Sciences reserves the right to deny a budget increase request from students if they feel the request is inappropriate, not legitimate or does not meet our policy and procedures guidelines. I further understand that should my request be denied, I have a right to appeal this decision 10 business days prior to the end of the academic year.

__________COMPUTER PURCHASE: Only two computers/laptops will be granted during my entire tenure at Western University of Health Sciences in two separate academic years, and it cannot exceed $1,800. Tablets and smartphones are not considered to be a required basic educational expense, and therefore will not be approved for a budget increase.

__________CHILDCARE EXPENSES: I must provide documentation showing the license number (when possible) on the daycare’s letterhead including my child’s name, registration information, enrollment information, and cost. No on-line estimates will be accepted. If I have a nanny or babysitter, I will need to submit a notarized letter from the provider explaining their childcare services and must include a signature and a phone number in case follow-up is necessary. I further understand that if approved, I may be granted only half the cost, as it is understood that the other parent will incur half the cost as well.

__________AUTO REPAIRS: Only ONE car, my own personal vehicle, will be reviewed for approval throughout my entire tenure at WesternU. I can only request major auto repairs, since standard auto maintenance costs are already allocated in my Cost of Attendance under Transportation. These types of expenses cannot exceed $5,000 for my entire tenure at WesternU.

__________DENTAL EXPENSES: I can request a budget increase for dental expenses, but it cannot exceed $2,500 per academic year. I further understand that it is at the discretion of the Financial Aid Office to approve a reasonable request.

WARNING: If you purposely give false or misleading information on this form, you may be placed on academic suspension, dismissed, and/or prosecuted.

Student Signature: __________________________  Date: __________________________

[ ] Remember to keep all receipts throughout the year, as you must submit proof of purchase.

*NOTE: For additional travel expenses, you must submit the Additional Travel Budget Increase Form instead.