



# 2016-2017 Budget Increase Form

Financial Aid Office | Western University of Health Sciences | 309 E. 2<sup>nd</sup> St., Pomona, CA 91766 | [finaid@westernu.edu](mailto:finaid@westernu.edu) | (909) 469-5353

Last Name

First Name

ID Number @

Program/Grad Year

**INSTRUCTIONS:**

Please complete the form as appropriate, sign and date page 1 and 2.

**Your request will only be reviewed if the total amount is greater than \$100.**

**For additional travel expenses associated with RESIDENCY or ROTATIONS, you must submit the Additional Travel Budget Increase Form instead.**

Please return your completed form (with applicable verifying documentation) to the Financial Aid Office in one of the two following ways:

**Mail:** Financial Aid Office 309 E. Second St, **POMONA**, CA 91766; or Financial Aid Office 200 Mullins Drive, **LEBANON**, OR 97355.

**Email:** [finaid@westernu.edu](mailto:finaid@westernu.edu). Acceptable only if emailed from your WesternU account.

**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.**

| <b>Budget Increase Items</b><br><i>Only those expenses that were incurred during the current academic year will be considered.</i> | Student Use |                | Financial Aid Use Only |                 |                                    |                             |
|--|-------------|----------------|------------------------|-----------------|------------------------------------|-----------------------------|
|  | ✓           | Receipt Totals | Amount Approved        | Amount Declined | Prior Amount Approved (Current AY) | Total Approved (Current AY) |
| <b>Medical, Dental, or Vision Insurance</b><br>• Attach copy of policy statement   |             |                |                        |                 |                                    |                             |
| <b>Medical Care Expenses</b><br>• Attach copy of receipts or billing statement   |             |                |                        |                 |                                    |                             |
| <b>Dental or Vision Care Expenses</b><br>• Attach copy of receipts or billing statement  |             |                |                        |                 |                                    |                             |
| <b>Prescriptions</b><br>• Attach copy of receipts. No estimates.   |             |                |                        |                 |                                    |                             |
| <b>Computer Purchase</b><br>• Attach copy of receipt. No estimates.  |             |                |                        |                 |                                    |                             |
| <b>Parking</b><br>• Attach copy of receipt from CashNet. No estimates  |             |                |                        |                 |                                    |                             |
| <b>Auto Repairs</b><br>• Attach copy of receipts. No estimates.  |             |                |                        |                 |                                    |                             |
| <b>Childcare Expenses</b><br>• Attach statement from childcare provider<br>• Attach verification of spouse's current employment    |             |                |                        |                 |                                    |                             |
|  |             |                |                        |                 |                                    |                             |

\$ \_\_\_\_\_

*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:** \_\_\_\_\_

**OFFICE USE ONLY:**

*1617 Enrollment Period:* \_\_\_\_\_

FA Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

*(If approved amount exceeds policy)*

Loan Changes:

= from \_\_\_\_\_ to \_\_\_\_\_ = from \_\_\_\_\_ to \_\_\_\_\_



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## 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

### INITIAL each mandatory statement:

\_\_\_\_ RECEIPTS: I understand that a receipt should show the method of payment and my name on the document, as appropriate. I further understand that a bank statement as a stand-alone document is not sufficient proof of purchase and will not be acceptable as a receipt.

\_\_\_\_ 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 120 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.

### INITIAL each applicable statement:

\_\_\_\_ 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 per purchase. Netbooks, Tablets & Chromebooks do NOT meet the minimum requirements. These devices will not be supported by WesternU IT, and therefore will not be approved for a budget increase. **NOTE: Approval of a second computer is contingent upon whether the original computer/laptop was stolen, or damaged and not repairable.**

\_\_\_\_ 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 \$6,000 during my entire tenure at WesternU. 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.**