



2013-2014 Budget Appeal Request

School of Law
Office of Financial Aid

Students whose financial aid budgets do not reflect their actual costs may submit a Budget Appeal Request for additional loan eligibility. The Budget Appeal Request allows students an opportunity to describe extenuating circumstances not addressed on the Free Application for Federal Student Aid (FAFSA). Examples of circumstances affecting the student's family contribution are: child care expenses, computer purchase for law school, medical/dental/optical expenses, and additional housing or transportation expenses. You may submit a Review Form with appropriate documentation at any time your situation changes.

Return the completed form with required documents to the Office of Financial Aid, room 238. **This form will not be processed if any items are left blank or illegible.**

Student Information

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|---------------|--|------------|-------|-----------|-------------------|
| LAST NAME | | FIRST NAME | | MIDDLE I. | USF STUDENT ID |
| LOCAL ADDRESS | | CITY | STATE | ZIP | DAYTIME PHONE NO. |

Reason for Request

All costs **must** occur during the 2013-2014 academic year (August 2013 – July 2014). Check all the types of expenses that apply. If you have expenses not listed, please contact our office if they are reviewable expenses.

Please note: Changes resulting from this review **do not** guarantee an increase in your aid, **nor** will you be reimbursed for costs incurred.

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| <p>Childcare</p> <ol style="list-style-type: none"> Attach a statement from childcare provider (on childcare provider's letterhead or notarized letter if provider does not have letterhead) indicating the names and ages of your children in childcare and the weekly cost associated with each child for daycare. Attach a detailed letter of explanation concerning all the items below: <ol style="list-style-type: none"> Your relationship to the child(ren) for whom childcare is being provided. The amount you pay weekly for childcare for each child. Whether or not you are qualified for reductions/forgiveness of any of the costs. The duration of the expenditure. Whether or not your spouse is a student at USF or elsewhere. |
| <p>One-Time Computer Expense (You may request a one-time increase of your cost of attendance for up to \$2,500)</p> <ol style="list-style-type: none"> Attach a photocopy of proof of purchase of a computer (i.e., an itemized invoice or receipt) Attach a detailed letter of explanation concerning all the items below: <ol style="list-style-type: none"> The date of purchase The amount of purchase |
| <p>Healthcare (Medical expenses may be allowed if required for treatment rather than elective care and documented by a physician)</p> <ol style="list-style-type: none"> Attach a detailed letter of explanation concerning all the items below: <ol style="list-style-type: none"> Itemized listing of any out of pocket healthcare expenses paid since August 19, 2013 (for students beginning in the fall semester) or January 6, 2014 (for students beginning in the spring semester) for any medical, dental, or optical expenses not covered by your insurance. Whether payments are on monthly payment plans, include duration of payment and amount. Attach copies of receipts for all healthcare expenses referenced in itemized list. Attach documentation that verifies if payments are on monthly payment plans. |
| <p>Other Expenses (Expenses that are already part of your estimated cost of attendance will not be increased unless unusual & extenuating circumstances exist. This information must be detailed in your letter and supported by receipts.)</p> <ol style="list-style-type: none"> Attach a detailed letter of explanation, including photocopies of proof of payment for bills incurred since August 19, 2013 (for students beginning enrollment in the fall semester) or January 6, 2014 (for students beginning in the spring semester). |

Certification and Signature

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid.

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| Signature | Date form was signed |
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OFFICE USE ONLY: APPROVED DECLINED STAFF INITIALS: _____ DATE: _____