

Budget Increase Request Form

2016-17

NDSU FINANCIAL AID
AND SCHOLARSHIPS

Name _____

Student ID# _____

- Requesting adjustment for: Fall 2016 only (Must submit this form by 11/25/16)
 Spring 2017 only (Must submit this form by 4/21/17)
 BOTH Fall 2016 & Spring 2017 (Must submit this form by 4/21/17)

Instructions:

This form is a fillable PDF which requires you to type in your answers and use the appropriate drop down menus. Any incomplete forms will be denied.

Mark all applicable expense categories on the following pages, answer all questions in the category, print, sign and return this form along with your documentation to one of the addresses below.

Allow 2 weeks from receipt of this form for your request to be reviewed. You will be notified of the results via your NDSU e-mail.

Submit forms to one of the following addresses:

Mail: Financial Aid and Scholarships ▪ NDSU Dept. 2833 ▪ PO Box 6050 ▪ Fargo, ND 58108-6050

Campus address: 202 Ceres Hall
NDSU One Stop - 176 Memorial Union
NDSU Nursing at Sanford Health – Student Services Office #130A

Fax: (701) 231-6126

E-mail: ndsu.onestop@ndsu.edu

This form should be completed if you have incurred expenses related to your education that exceed those already in the standard cost of attendance (also referred to as “budget”). **Carefully read the conditions and instructions before submitting this form.**

1. Grants, scholarships, state aid and campus-based aid (SEOG, Perkins Loan, Work-Study) are not awarded for this type of adjustment.
2. If your budget increase request is approved, it may result in the addition or increase of the Federal Direct Loan unless you have already been awarded the annual or aggregate maximum.
3. A budget increase does not guarantee that you’ll receive additional financial aid. It may allow you to apply for an alternative student loan through a private lender, but NDSU does not determine whether the loan is approved.
4. Costs for future semesters that have not yet been determined cannot be considered. A second form can be submitted when exact costs are known and documented.

I certify the information provided on this form is true and complete. I understand that purposely giving false or misleading information may result in fines, penalties, and/or immediate repayment of aid. If my situation changes as it pertains to the areas for which I have requested an increase (i.e. housing, commuting) I agree to promptly inform the NDSU Office of Financial Aid and Scholarships.

Student’s Signature _____ Date _____

| <input type="checkbox"/> Housing | | Do NOT leave anything blank. If the answer is zero, enter 0. | |
|--|--|--|--|
| <p>You have housing costs that exceed the amount in your standard budget.</p> <p>Maximum increase: \$2,000 (Fargo-Moorhead and surrounding area) \$3,000 (Other areas)</p> | <ul style="list-style-type: none"> Submit only if monthly housing/heat/electric exceeds \$430 (undergrad) or \$665 (grad/professional) per adult living in the residence. Must be enrolled at least half time (6 credits undergrad or 5 credits grad/professional) to request an adjustment for housing. Cannot include cost of cell phone, water bill, internet or cable/satellite television. | Total monthly rent/mortgage | |
| | | Average monthly heat/electric bill | |
| | | Amount of monthly housing/heat assistance you receive | |
| | | Number of adults residing at your residence | |
| | | <p>You must submit the following:</p> <ul style="list-style-type: none"> ➤ Copy of current lease agreement or mortgage statement. If lease is expired and you're month-to-month, submit letter from landlord indicating amount you currently pay. ➤ If requesting adjustment for heat/electricity, submit copies of bills for the past two months. | |
| <input type="checkbox"/> Computer | | Do NOT leave anything blank. If the answer is zero, enter 0. | |
| <p>You are requesting a <u>one-time</u> reimbursement for a computer you purchased for educational purposes.</p> | <ul style="list-style-type: none"> Purchase must be made prior to submitting this form for reimbursement. Excludes optional software, games, carrying case and other non-essential accessories. Must be purchased from a business. An informal note saying you purchased from a friend or other person is not acceptable. | Cost of computer | |
| | | Date purchased | |
| | | Academic Major* | |
| | | <p>You must submit the following:</p> <ul style="list-style-type: none"> ➤ Copy of the purchase receipt that includes the amount and date of sale. <p>*Must use drop down menu for this field.</p> | |
| <input type="checkbox"/> Dependent Care | | Do NOT leave anything blank. If the answer is zero, enter 0. | |
| <p>You pay for dependent care while you are in class or attending an academically-related activity.</p> | <ul style="list-style-type: none"> Covers dependent care during class time, study time, field work and commuting. EXCLUDES when you are working or when your spouse (if applicable) is caring for your dependent(s). Cost cannot exceed the reasonable cost in the community. If the amount you report exceeds the reasonable cost, the lesser amount will be used. | List Name of Dependents, Age and Weekly Cost <i>Example: Jack, age 3, \$100 per week</i> | |
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| | | Are you married? | |
| | | Amount of child care assistance you receive per month | |
| | | <p>You must submit the following:</p> <ul style="list-style-type: none"> ➤ Signed statement from your dependent care provider verifying the WEEKLY amount you pay. Must include a phone number that we can call to verify the information with the provider. | |
| <input type="checkbox"/> Commuting Costs | | Do NOT leave anything blank. If the answer is zero, enter 0. | |
| <p>You drive more than 50 miles round trip to physically attend class at NDSU.</p> | <ul style="list-style-type: none"> Excludes students enrolled in more online/DCE courses than regular classes on campus. If approved, mileage is based on 50 cents per mile and is limited to \$3,000 per academic year. The standard budget includes a transportation allowance of \$585 per semester. Only costs in excess of \$585 per semester will be used if an increase for commuting costs is approved. | How many days per week do you commute? | |
| | | How many other adults do you carpool with? | |
| | | City/State that you commute from | |

| <input type="checkbox"/> Auto Repairs | | Do NOT leave anything blank. If the answer is zero enter 0. | |
|---|--|---|--|
| <p>You paid for necessary automobile repairs during the academic year because your vehicle was not operational.</p> | <ul style="list-style-type: none"> You must pay for the repairs prior to submitting this form for reimbursement. Do not include costs for regular maintenance such as oil changes or new tires. | Total cost of repairs | |
| | | Repairs made <i>Example: Transmission repair</i> | |
| | | Were any of your repairs a result of a collision? | |
| | | <p>You must submit the following:</p> <ul style="list-style-type: none"> ➤ Copy of the receipt showing the date of the repairs, total amount paid and the name/contact information of the person or business who made the repairs. ➤ If any repairs were from a collision, provide proof of insurance showing amount of deductible. | |
| <input type="checkbox"/> Health Insurance Premiums | | Do NOT leave anything blank. If the answer is zero, enter 0. | |
| <p>You are an Independent student who pays your own health insurance premiums.</p> | <ul style="list-style-type: none"> Can only include the amount paid for the student (excludes spouse and children). You may submit this form if you are planning to get health insurance but have not yet done so. If approved, you may be required to provide proof that insurance was purchased. | Monthly Premium | |
| | | Insurance Provider | |
| | | Number of months paid from 9/2016 – 5/2017 | |
| | | <p>You must submit the following:</p> <ul style="list-style-type: none"> ➤ Copy of your most recent premium statement or bill. If your spouse/children are covered under your plan, you must submit a letter from your insurance company indicating the cost of a single policy. ➤ If you have not yet purchased health insurance, submit an estimate from the insurance company showing the projected monthly premium. | |
| <input type="checkbox"/> Additional Course-Related Expenses | | You must use the drop down menus to complete this section. | |
| <p>You have costs related to your class or academic major that are not already accounted for in your standard budget.</p> | <p>Examples of expenses that may be considered:</p> <ul style="list-style-type: none"> Online/DCE charges in excess of the 12 credit tuition cap Course fees, lab fees, new student fee, parking permit Books/required supplies in excess of \$400/semester | | |
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| | | <ul style="list-style-type: none"> ➤ If you are requesting an adjustment for any charge that does not appear on your Campus Connection you must provide documentation showing the amount and date of the charge. | |
| <input type="checkbox"/> Other | | You must use the drop down menus to complete this section. | |
| <p>You have other expenses directly related to your education.</p> | <p>Examples of expenses that may be considered:</p> <ul style="list-style-type: none"> Disabled student expenses such as interpreter or required/recommended equipment Special costs such as tutor or music accompanist Trip <u>required</u> for graduation Travel, housing, uniform required for Pharmacy rotations or Cooperative Education. | | |
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| | | <p>You must submit the following:</p> <ul style="list-style-type: none"> ➤ A written explanation of the type of expense and why it's needed. ➤ Documentation of expense (bills, estimates, receipts, etc.). | |