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Budget Adjustment Request Form

NAME: _____ SSN: _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

You may complete this form to request an adjustment to your budget (cost of attendance) while attending Heritage University. The Financial Aid Office uses a standard budget to establish financial need, which includes tuition/fees, books/supplies, room/board, transportation, and personal expenses. If you have additional expenses that you feel should also be included, you can request a review by completing this form and providing documentation with receipts, canceled checks, etc. to support your requests. Forms submitted without appropriate documentation will be returned to you unprocessed. All requests are reviewed on a case-by-case basis to determine approval. If funds are available to help meet your increased expenses, your award may be increased to help cover these costs. **Please note that additional expenses are usually funded with "self-help" aid in the form of loans. If you are at your yearly federal maximums, your request for increased aid cannot be funded.**

- ☐ **Commuting Expense:** Increased cost for out-of-area commuting to attend classes may be considered for standard institutional mileage rates. To qualify for this increase, you must live more than 22 miles from campus and commute 4 days a week. ****Need printout from Map Quest or other source to confirm the total # of miles driven.**
Town and zip code you are commuting from: _____
Town and zip code you are commuting to: _____
Number of Days per week you travel to this location for class: _____
Semesters during which commuting expense applies: Fall 20____ Spring 20____ Summer 20____
- ☐ **Computer Expense:** You may claim a **one-time** cost for a computer purchased for educational purposes. Your receipt for your recently purchased computer, or a printout of an on-line or in-store estimate, must be attached. Maximum increase to your budget to cover this expense is \$1800.
- ☐ **Cost of Attendance:** An increase to your budget due to cost of attendance over the actual full time budget *per semester*.
Graduate over 6 total credits: Fall____ Spring____ Undergraduate over 12 total credits: Fall____ Spring____
(An Adjustment will not take into affect until the last day to add or drop a class to have the correct total of credits adjusted)
- ☐ **Child Care Expenses:** Child care expenses may be requested for care of children 12 and under. To make a request, you must complete and attach an additional form, "**Child Care Allowance**," also available from our office. Requests for child care expense submitted without completion of the additional form will not be processed.
- ☐ **Medical/Dental Expenses (not covered by insurance or other programs):** You may request that current non-cosmetic medical/dental expenses, including (but not limited to) costs of insurance premiums you pay, be added to your cost of attendance. Attach copies of receipts or agreements to pay, and provide documentation of insurance premium expenses if applicable. If you are making payments on non-cosmetic medical/dental expenses, include the amount of required minimum payments you will make during your enrollment at Heritage University. Maximum increase to your budget to cover this expense is \$2500.
- ☐ **Other Educational Expenses:** Some students have additional expenses related to their majors, special coursework, or their ability to be a successful student. Some examples include, but are not limited to: (1) required fingerprinting and background checks for education majors or other professionals, (2) expenses for classroom projects in addition to standard books/supplies required in a regular classroom, (3) costs for off-campus testing recommended by a professional to diagnose suspected learning disabilities. Attach a personal statement describing what your additional educational expense is and why it is required. You must also attach appropriate documentation to support your claim.
- ☐ **Miscellaneous:** If you feel you have additional expenses that do not meet the criteria above but you would like to have them reviewed by the Financial Aid Office for inclusion in your cost of attendance, you may provide a personal statement outlining those expenses. Attach any appropriate documents to support your statements.

Student's Statement: *Items checked above and the request(s) I have made are accurate regarding my academic year expenses. I have provided receipts and other appropriate documentation as proof of the information I have given.*

STUDENT SIGNATURE: _____ DATE: _____