

**2010-2011 BUDGET ADD ON REQUEST
FOR ADDITIONAL EXPENSE or ADJUSTMENT TO INCOME**

STUDENT'S NAME (Print) _____ **SID#** _____

Please check the numbers that apply to you/your family's circumstances and provide documentation as requested. Item number one will be considered for a budget add-on and could result in additional loan funds. Number two and three may result in a change to your expected family contribution and could result in different types of aid being awarded but no additional funds.

_____ 1. I request an add-on to my standard school budget for school related expenses which are not funded by any other source as indicated below:

A) SCHOOL RELATED CHILD CARE EXPENSES

1st Semester: \$ _____ per hour x _____ hr/week x 15 weeks = \$ _____
 2nd Semester: \$ _____ per hour x _____ hr/week x 16 weeks = \$ _____
 Summer: \$ _____ per hour x _____ hr/week x _____ weeks = \$ _____

Age(s) of Children for whom you are requesting funds: _____
 Child care provider name: _____
 Child care provider's address: _____
 Child care provider's telephone number: _____

Were you or will you be reimbursed or receive child care benefits from any agency for school related child care expenses?
 _____ Yes _____ No If yes, how much \$ _____

B) MILEAGE

1st Semester: _____ mi/day x _____ day/wk x 15 weeks x .22 = \$ _____
 2nd Semester: _____ mi/day x _____ day/wk x 16 weeks x .22 = \$ _____
 Summer: _____ mi/day x _____ day/wk x _____ wks x .22 = \$ _____

_____ 2. I request that the following amount of tuition paid in 2009 for elementary or secondary education be taken into consideration in determining my financial need.
 (Please attach receipts for the amount indicated.) \$ _____

_____ 3. I request that the following amount of unusual medical or dental expenses paid in 2009 be taken into consideration in determining my financial need.(Please attach receipts for the amount indicated.
DO NOT include any amounts that were reimbursed to you or paid by insurance.)
 \$ _____

STUDENT'S SIGNATURE _____ **DATE** _____

*** PARENT'S SIGNATURE** _____ **DATE** _____

* A parent signature is needed when adjustments to parents' information is being requested.

WARNING: If you or your parents purposely give false or misleading information on this form, you may be fined up to and including \$20,000 and/or receive a prison sentence.