

UNIVERSITY OF CONNECTICUT

SCHOOL OF LAW

Student Finance Office

45 Elizabeth Street, Starr 116

Hartford, CT 06105

Web Site: www.law.uconn.edu/content/student-finance-office

REQUEST FOR INCREASE IN BUDGET & ADDITIONAL LOANS

The Office of Student Finance realizes that students and their families experience unforeseen circumstances and/or expenses during an academic year. This form is designed to identify these circumstances/expenses and to request additional loan funding. Please complete and return it to the Student Finance Office for evaluation.

Student name: _____ **PeopleSoft #:** _____

This request is being made for the 20__ - 20__ academic year.

REASON FOR APPEAL (Please circle applicable items(s) See the back of this form for required documentations)

- Child Care Expenses
- Elder Care Expenses
- Medical/Dental Expenses
- Additional Transportation Expenses
- Additional Books and Supplies
- Health Insurance purchased through the University
- Health Insurance purchased from UConn Health Center
- Computer Purchases
- Other: _____ (rent cannot be increased regardless of situation)

EXPLANATION OF REQUEST

AFFIDAVIT

My signature below certifies that the above information and attached documentation are correct to the best of my knowledge.

Student's Signature: _____ Date: _____

The following documentation is required to substantiate your request:

(ALL RECEIPTS AND DOCUMENTATION MUST HAVE STUDENT'S NAME INCLUDED. THIS INCLUDES THE PURCHASE OF A COMPUTER --- THE INVOICE/PROOF OF SALE MUST HAVE THE STUDENT'S NAME ON THE RECEIPT. Any other documentation will not be acceptable.)

Child Care Expenses:

Attach a letter from childcare provider detailing agreement (include child care license number, days, fees, hours, etc.). **ONLY ONE-HALF OF TOTAL WILL BE ALLOWED. OTHER PARENT IS EXPECTED TO CONTRIBUTE OTHER HALF.**

Elder Care Expenses:

Attach a letter from elder care provider detailing agreement (include fee, hours, other siblings who are contributing, etc.).

Additional Transportation:

Attach a letter indicating mileage from Mapquest, frequency of travel and reason for travel.

Additional Books and Supplies:

Attach copies of course syllabus and bookstore price lists or receipts to substantiate that expenses exceed the standard allowances.

School Health Insurance:

Attach a copy of your School of Law bill or the bill from UConn Health Center. If there is family coverage, one-half of the total amount will be allowed. Other parent/adult is responsible for one-half of the bill.

Medical Expenses:

Attach documentation of unreimbursed expenses *during the academic year of this request*. (Letter from previous insurance company re: termination, letter from doctor, receipts for prescriptions). **Extraordinary health expenses above and beyond the budget allowance and the income protection allowance (\$700) that is implemented in the federal need analysis formula will be considered. Allowance will NOT be made for pre-existing conditions.**

Computer Purchases:

Attach a dated sales receipt outlining the specific item(s) purchased (\$2,000 maximum purchase allowance). Receipt must be in student's name and issued within 90 days preceding this request.

For Office Use Only

Approved

Comments:

Denied

Comments:

PS memo entered and revised award letter sent to student

Initials: _____ **Date:** _____