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 the childcare provider detailing agreement (include childcare license number, days of service, fees, hours, etc.). Only one-half of the total will be allowed

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 ($1070) 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. Only one request will be allowed during a student’s tenure at the School of Law.

________________________________________________________________________________________
For Office Use Only

☐ Approved
Comments: _________________________________________________________________
                                                                                   _________________________________________________________________
                                                                                   _________________________________________________________________

☐ Denied
Comments: _________________________________________________________________
                                                                                   _________________________________________________________________
                                                                                   _________________________________________________________________

☐ PS memo entered and revised award letter sent to student

Initials: ___________ Date: _____________________

10/13/14