Budget/Cost of Attendance Increase Request (BUDGET)

Student Name: _____ Student ID: _____

Student email: _____ Phone: _____

Budget adjustments are made for educational related expenses, or for expenses that may have impacted a student's regular (expected) expenditures. Check all of the following that apply, and submit PAID receipts or "official" cost estimates for all expenses that you would want considered. Expenses must be incurred within the current academic year and be above the current allocated amount on your student Cost of Attendance budget as listed on mySFCC. Please understand submission of documentation does not guarantee a budget adjustment will be approved.

Note: This adjustment will only be used to increase the estimated cost of attendance, and is not used in any way to adjust data entered on the Student's FAFSA (Free Application for Federal Student Aid).

Please place an "X" by the type of increase you are requesting, fill-in the amount, and provide your receipts/cost estimates.

☐ Required Car Repairs. *Amount:* $_____
(Normal maintenance, car payments, insurance, traffic fines and parking tickets are not considered.)

☐ Required Home Repairs. *Amount:* $_____
(Normal maintenance, house payments, insurance, and taxes are notconsidered.)

☐ Additional school fees required for your program. *Amount:* $_____
(Normally listed in the course syllabus or Allied Health Packet) Provide a copy.

☐ Additional school equipment required for your program. *Amount:* $_____
(Normally listed in the course syllabus or Allied Health Packet) Provide a copy.

☐ Additional computer expenses. *Amount:* $_____
(*Computer purchase is a one-time adjustment. Adjustments can only be made for a "reasonable" amount. "Reasonable" amount is typically up to $1,500. Provide a copy of the receipt or official cost estimate.)*

☐ Other *Amount:* $_____
*** Consumer debt, vacations, or wedding expenses will not be considered. ***

By signing this worksheet, I certify that all information reported is complete and accurate. I understand that if I knowingly give false or misleading information I may be fined, sentenced to jail or both. I understand that incomplete and/or unsigned forms will be marked as incomplete (red flag) and delay the review process.

Student Signature: _____ Date: _____

State Fair Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, veteran status, or age in its programs activities or employment. The Director of Human Resources and Dean of Student and Academic Services are the designated persons to handle inquiries regarding the nondiscrimination policy. Both persons are located at the SFCC Sedalia Campus, Hopkins Building, 3201 W. 16th St., Sedalia, MO 65301(660) 596-7484 or (660) 596-7393. Inquiries also may be directed to the U.S. Department of Education, Office of Civil Rights at OCR.KansasCity@ed.gov. Interested persons may obtain information of the existence and location of services that are accessible to and usable by persons with disabilities by contacting the Disability Resource Center Coordinator, Yeater Building, Room 159, (660) 596-7293.

Deadline: At least 2 weeks prior to the last day of semester for which you are requesting the increase.

Return this worksheet and all other required documents to:

State Fair Community College, Financial Aid Office
3201 West 16th Street
Sedalia Mo 65301

Fax: (660) 530-5820
Email: finaid@sfccmo.edu