



Office of Financial Aid
26000 SE Stark St, Gresham OR 97030
FinAid.Mail@mhcc.edu
Phone: 503.491.7262
Fax: 503.491.7379

Budget Increase Request

Student Name: _____ **ID Number:** _____ **Award Year:** _____

Each student is given a standard budget, or cost of attendance, for the academic year. The budget accounts for direct costs (tuition and fees; books, course materials, supplies, equipment) and indirect costs (housing and food; transportation; and miscellaneous personal expenses). A student's financial aid package cannot go above the budget. However, some students may qualify for and benefit from the option to increase their budget, which may allow them to access additional financial aid (if they are eligible). Students may request an increase to their budget using this form (one request per year) for eligible circumstances.

If your request is approved, your budget can only be increased for expenses that you are responsible for and there is **no guarantee it will result in increased awards**. Increasing your budget by the approved amount creates additional need, which MAY increase your loan eligibility (NOTE: Not all students may have additional loan funds available).

Only submit this form if:

- You have already completed the FAFSA for the award year listed above
- You have completed and submitted any additional information requested by the Office of Financial Aid (see [MyMHCC](#))
- You have completed the [Entrance Counseling and Master Promissory Note \(MPN\)](#) for undergraduate student loans

[COMPLETE & SIGN NEXT PAGE]

CATEGORIES & DOCUMENTATION (Check all that apply)

CATEGORY & DESCRIPTION	DOCUMENTATION (REQUIRED)	ADDITIONAL INFO (REQUIRED)
<input type="checkbox"/> Dependent Care Expenses: <i>Includes costs of care for a dependent that are <u>necessary for a student to attend school</u>. A dependent may include persons other than children (such as elderly dependent parents).</i>	<input type="checkbox"/> Most recent dependent care invoice or receipt <input type="checkbox"/> Signed written statement documenting care schedule (i.e. time of day, days per week) and monthly costs.	Name(s) and age of dependents: _____ _____ _____ Terms I need assistance: SU / FA / WI / SP
<input type="checkbox"/> Disability-Related Expenses: <i>Includes special services, personal assistance, transportation, equipment, and supplies that <u>are reasonably incurred, necessary to attend school, and not paid by another organization</u>.</i>	<input type="checkbox"/> Letter on letterhead from the service provider(s) describing services provided and their costs	Expenses are (circle one): Monthly or Annual? Amount of expenses paid by other organization or benefit (if none, put zero): \$ _____ Total expenses for student after amount paid by other organization or benefit: \$ _____
<input type="checkbox"/> Travel Expenses: <i>Includes expenses incurred for off-campus travel to/from an internship site, for clinical practice, or for study abroad program (<u>must be a course or program requirement</u>).</i>	Internship/Clinical Only: <input type="checkbox"/> Class syllabus showing travel requirement <input type="checkbox"/> Google map showing round trip mileage from MHCC to destination Study Abroad Only: <input type="checkbox"/> Proof of deposit <input type="checkbox"/> Estimated costs worksheet (provided by study abroad program)	Required days per week: Required weeks per term: Mileage per week: Terms I need assistance: SU / FA / WI / SP
<input type="checkbox"/> Computer: <i>This is a <u>one-time only</u> expense during your education at MHCC for purchase of a computer (not a tablet or mobile phone). Minimum increase of \$1000. IMPORTANT: Check with Financial Aid before purchasing a computer to see if you have loan eligibility.</i>	<input type="checkbox"/> Copy of a receipt in your name verifying proof of purchase for the computer and/or necessary software.	Amount of purchase: \$ _____

By signing this form, I understand that this does not guarantee additional funding and that the Office of Financial Aid has the right to deny my request. I certify that all information reported in this form and accompanying documentation is complete and accurate to the best of my knowledge and ability.

I understand that if my request is not approved, I am responsible for payment of all expenses, including purchases made at the MHCC bookstore. I may be subject to future registration and transcript holds until all amounts due (including principal, all fees and collection costs) are paid in full.

Student Signature

Date