

BUDGET INCREASE REQUEST

Date	
Name	SS# or DMACC ID#
expenses increased can conta	u can indicate any extraordinary educational expenses you have incurred. The will be reviewed and a financial aid advisor will determine if your budget can be determine in your budget does not guarantee additional financial aid funds. You not a financial aid representative at 1-800-362-2127 to determine if you have any g funds to request.
	Child care (Please have form daycare provider provide statement/bill, including weekly charges and provider's name and contact information.)
	Computer purchase (Include receipt/purchase order; maximum reimbursable amount is \$1000.00)
	Tools required for program (Please attach itemized list including prices or receipt)
	Uniforms required for program (Please attach receipt or proof of estimated costs)
	Special equipment necessary for attendance/or program (Please attach receipt or proof of estimated costs from instructor/dean of program)
	Transportation (travel in excess of 120 miles round trip and number of travel days per week. Include campus attending and current address)
	Other (Please use back if necessary to explain educational expenses not listed. May include car maintenance (estimates or bills) and medical bills (should show what is not covered by insurance).
Please as	k merchant to include your name on copies of all purchase orders or receipts.
documen the adjus	ncial Aid Office will notify you by correspondence if we need additional tation to determine if a budget adjustment can be allowed, or if you are ineligible for tment. A Student Federal Direct Loan Request Form must be attached for I loan funds to be processed.
Student's Si	gnature Date
	I this form and any other requested documents to: Financial Aid Office, Des Moines Area Community 06 S Ankeny Blvd., Ankeny, IA 50023 or FAX to (515) 964-6391.