

# Student Budget Review

If you need assistance with completing this form, please contact our office at 855-278-5080 or [students.asu.edu/contact/financialaid](http://students.asu.edu/contact/financialaid).

Students with extenuating circumstances that are not listed on this form are encouraged to contact the financial aid office. A financial aid counselor can assess your situation and determine if it warrants a review of the original FAFSA information and/or financial aid awards offer.

## STUDENT INFORMATION

Last Name	First Name	Middle I.	10-Digit ASU ID	
Local Street Address	City	State	Zip Code	Daytime Phone Number

## INSTRUCTIONS

1. **This form will not be processed if any items are left blank or illegible.**
2. Use blue or black ink only. Please type or print clearly.
3. Attach all required and relevant documentation to this form.
4. If clarification of your situation is necessary, additional information or documentation may be required.
5. **Submit this form by fax to 480-965-9484, mail to P.O. Box 870412, Tempe, AZ 85287-0412 or in person to any of the Financial Aid and Scholarship Services office locations.**

**Please Note:** This form will **not** be processed until your financial aid file is complete, you have been awarded aid **and** the first day of the academic year has occurred. Changes resulting from this review **do not** guarantee an increase in your aid, **nor** will you be reimbursed for costs incurred.

## SECTION A: REASON FOR REVIEW

All costs **must** occur during the 2014-2015 academic year (August 2014 – July 2015). Check all the types of expenses you would like to be reviewed.

<input type="checkbox"/> <b>Childcare</b> <ol style="list-style-type: none"> <li>1. Attach a statement from your childcare provider (on childcare provider's letterhead or notarized letter if provider does not have letterhead) indicating the names and ages of your children in childcare and the <b>weekly</b> cost associated with <b>each</b> child for daycare.</li> <li>2. <b>Attach a detailed letter of explanation concerning all the items below:</b> <ol style="list-style-type: none"> <li>a. Your relationship to the child(ren) for whom childcare is being provided.</li> <li>b. The amount you pay weekly for childcare for <b>each</b> child.</li> <li>c. Whether or not you are qualified for reductions/forgiveness of any of the costs.</li> <li>d. The duration of the expenditure.</li> <li>e. Whether or not your spouse is a student at ASU or elsewhere.</li> </ol> </li> </ol>
<input type="checkbox"/> <b>Additional Course Costs of Thesis/Dissertation Expenses</b> <ol style="list-style-type: none"> <li>1. Attach photocopies or proof of payment for expenses incurred. You may include all expenses for thesis/dissertation costs. Flight students may submit this form <b>before</b> expenses are incurred if you are admitted and registered for professional flight safety courses.</li> <li>2. Attach documentation to support that these are required supplies/expenses (e.g., a signed statement from your instructor, a copy of the course syllabus, etc.).</li> <li>3. <b>Attach a detailed letter of explanation concerning all of the items below:</b> <ol style="list-style-type: none"> <li>a. A list of required supplies/expenses.</li> <li>b. The course names and numbers.</li> <li>c. Your academic major.</li> </ol> </li> </ol>
<input type="checkbox"/> <b>One-Time Computer Expense</b> (You may request a one-time increase of your cost of attendance for up to \$1500.) <ol style="list-style-type: none"> <li>1. Attach a photocopy of proof of purchase of a computer (i.e., an itemized invoice or receipt).</li> <li>2. <b>Attach a detailed letter of explanation concerning all the items below:</b> <ol style="list-style-type: none"> <li>a. The date of purchase.</li> <li>b. The amount of purchase.</li> </ol> </li> </ol>
<input type="checkbox"/> <b>Healthcare</b> (Medical expenses may be allowed if required for treatment rather than elective care and documented by a physician.) <ol style="list-style-type: none"> <li>1. <b>Attach a detailed letter of explanation concerning all the items below:</b> <ol style="list-style-type: none"> <li>a. Itemized listing of any healthcare expenses paid since <b>August 21, 2014</b> (for students beginning enrollment in the fall semester) or <b>January 12, 2015</b> (for students beginning in the spring semester) for any medical, dental or optical expenses not covered by your insurance.</li> <li>b. Whether payments are on monthly payment plans, include duration of payment and amount.</li> </ol> </li> <li>2. Attach copies of paid receipts for all healthcare expenses referenced in itemized list.</li> <li>3. Attach documentation that verifies if payments are on monthly payment plans.</li> </ol>
<input type="checkbox"/> <b>Extended Family Support</b> (May be allowed if you financially contribute to relatives not counted as a member of your household and extenuating circumstances exist.) <ol style="list-style-type: none"> <li>1. Attach supporting documentation of payments (e.g., receipts, cancelled checks, etc.).</li> <li>2. <b>Attach a detailed letter of explanation concerning all items below:</b> <ol style="list-style-type: none"> <li>a. Name, age and relationship of relative(s).</li> <li>b. Month and year support began and expected date support will end.</li> <li>c. Dollar amount of monthly support paid by you.</li> <li>d. Reason for the support.</li> </ol> </li> </ol>

## SECTION B: CERTIFICATION AND SIGNATURE

**Certification:** I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature	Date form was signed
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