

Request Denied _____
Request Approved _____
Date _____



Budget Increase Request Form

Student ID _____

Name _____

Date _____

Dear Student,

You have requested a budget increase; documentation of increased expenses above your budget allowance must be provided.



Provide photocopies of the following if applicable

(If you cannot supply an item, explain)

- Mortgage/lease agreement, or
- Statement from your landlord stating how long you have lived at the residence and if utilities are included in the rent
- Rent receipts for the past six months, or
- Check stubs for the past six months and statements of your portion – if expenses are shared also include a letter from the person(s) to whom you paid your share of the rent.
- Utility payments, cell phone bill, cable bill, trash pick-up bill, etc.
- Car payment coupon and
- Vehicle insurance premium
- Medical expenses (including insurance premium)
- Home insurance premium payments
- Child Care for past six months

Incomplete applications will be denied.

You will be notified in writing within 10 business days of the Financial Aid Office's decision on your appeal

Return completed form to:

Blue Ridge Community and Technical College
Office of Student Financial Aid
400 W. Stephen St.
Martinsburg, WV 25401
304/260-4380 Fax 304/260-4376
www.blueridgectc.edu/financial_aid

The following accounts are paid by:

<u>Me</u>	<u>My Parents</u>	<u>Other</u>	<u>Monthly Expenses</u>	
___	___	___	Tuition & Fees (per semester)	\$ _____ x 2 = \$ _____
___	___	___	Books & Education Supplies (per semester)	\$ _____ x 2 = \$ _____
___	___	___	Rent, Mortgage & Room Fees in Residence Halls (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Utilities (gas, electric, water, phone, etc.) (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Food (include campus board fees) (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Transportation (subway, train, bus, car pool) (monthly)	\$ _____ x 9 = \$ _____
___	___	___	<u>Automobile Expenses</u>	
___	___	___	Car Payments (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Insurance (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Taxes, licenses, inspections	\$ _____
___	___	___	Maintenance (gas, oil, repairs) (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Personal Consumer Loans Credit Cards (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Medical Expenses (include insurance premium) (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Child Care (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Insurance (personal, home) (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Clothing (work, leisure, laundry, repairs) (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Recreation, Entertainment (monthly)	\$ _____ x 9 = \$ _____
___	___	___	Other _____	\$ _____
___	___	___	Other _____	\$ _____
___	___	___	Other _____	\$ _____

TOTAL EXPENSES \$ _____