



Student Financial Aid Office

Main Building 106
330 Third St NE
Mayville, ND 58257

Office: 701-788-4767
Fax: 701-788-4613

E-mail: shirley.m.hanson@mayvillestate.edu



2014-15 Budget (Cost of Attendance) Appeal Form

Documentation is required for unusually large expenses, the additional cost of tuition and fees, childcare costs or estimates of future expenses (i.e. future medical or dental expenses). Documentation of other expenses may be requested on a case-by-case basis.

Student's Name: Student ID #:

Address: Phone #:

E-Mail Address:



Number of Dependent Children: Appeal is requested for: Fall Spring Summer

Amount requested: Per (select one): Semester Year

PLEASE READ AND COMPLETE THE FOLLOWING:

All budget appeals must include the following:

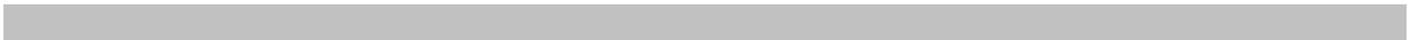
- A letter explaining your need for a budget appeal
This form completed and signed
Documentation for unusually large expenses e.g. childcare costs

You will receive a revised award notification to your university e-mail account after your budget appeal has been reviewed by the Financial Aid Director. If your budget appeal results in additional federal aid, please remember to process the award notice.

If you are applying for a private loan, complete and submit the application on the lender's website. Information will be forwarded to the Student Financial Aid Office by your lender.

Please note that this request for a budget adjustment does not guarantee additional funding.

Please complete the other side ->



EXPENSES (ALL EXPENSES SHOULD BE LISTED AS MONTHLY EXPENSES)

Educational Expenses other than tuition/fees	\$ _____	Gas/Car Maintenance	\$ _____
Rent/House Payments	\$ _____	Medical Insurance	\$ _____
Utilities	\$ _____	Medical/Dental/Optical	\$ _____
Food	\$ _____	Toiletries/Personal Expenses	\$ _____
Renter's/Homeowner's Ins.	\$ _____	Entertainment Expenses	\$ _____
Auto Insurance	\$ _____	Other: _____	\$ _____
		Other: _____	\$ _____

COMMUTING EXPENSES

If you commute more than 40 miles (round trip) per day to attend classes at MSU, complete the following:

Commuting from: _____ # Miles per Day: _____

Days per Week: _____ Will this be for: Fall Semester Spring Semester Summer Session

CHILD OR ADULT CARE EXPENSES

Are you or will you be receiving childcare assistance from any other source? Yes No

If yes, which source: _____ Amount received each month: \$ _____

Dependent's Name	Age	Avg. Hours per Day	Hourly Day Care Fee	Avg. Monthly Expense

Name of Child/Adult Care Provider: _____ Phone #: _____

Address of Provider: _____

SIGNATURE(S)

Student's Signature Date

Spouse's Signature (if applicable) Date

Warning: If you purposely give false or misleading information on this form to help establish eligibility for federal student aid, you may be subject to a \$10,000 fine, a prison sentence or both.