



**Office of Financial Aid**  
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## 2024-2025 Budget Increase Request Form

A student may incur additional expenses during the academic year that are not included in the standard cost of attendance and therefore may request an increase in his/her budget, and subsequently an increase in loan funding. Allowable costs include health insurance; medical/dental expenses not covered by insurance; child care; auto repairs; and a one-time computer/laptop purchase. Appropriate documentation must accompany your request. Please refer to grid on reverse side for acceptable forms of documentation.

The following are non-allowable expenses:

- Purchase or lease of a new vehicle
- Moving cost or cost associated with furnishing off-campus housing
- Consumer debt

### **STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

### **REASON FOR REQUEST**

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### **STUDENT CERTIFICATION**

(1) I hereby attest that all of the information provided on this form is true and accurate to the best of my knowledge; (2) I understand that an increase to my cost of attendance will result in an increase in my loan(s) only and (4) I have the right to cancel all or part of any Federal Direct Loan disbursement without being charged interest or loan fees within 120 days of disbursement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EXPENSE		REQUIRED DOCUMENTATION
STUDENT HEALTH INSURANCE	Eligible costs include student health insurance expenses only. Additional costs for family coverage will not be considered.	Insurance purchased through AMC does not require documentation. If purchasing and alternative insurance plan, please provide the following: <ul style="list-style-type: none"> <li>• Summary of benefits</li> <li>• Invoice</li> <li>• Copy of receipt</li> </ul>
COMPUTER EXPENSES	You may submit a one-time budget increase request for a computer/laptop purchase during your tenure at Anna Maria College. The maximum allowable cost cannot exceed \$1,500. To be considered an allowable budget expense under federal guidelines, the purchase must be made during or just prior to the start of the academic year.	<ul style="list-style-type: none"> <li>• Copy of purchase receipt</li> </ul>
CHILD CARE EXPENSES	The cost of attendance budget does not include the cost of child care. If you incur additional expenses for the care of a dependent child(ren) during class time, study time, clerkship, commuting time, or other education related activity, you may request that your cost of attendance be increased.	<ul style="list-style-type: none"> <li>• Copies of checks made payable to the child care provider covering a span of 3 months during the current academic year.</li> <li>• Names of dependent children for which child care expense applies</li> </ul>
MEDICAL/DENTAL EXPENSES	A request may be granted for additional medical and dental expenses not covered by health insurance that significantly exceed the cost of attendance. This may include emergency medical expenses, prescription medications, or other therapies deemed medically necessary by a licensed physician that are not reimbursable by your insurance provider or another source.	<ul style="list-style-type: none"> <li>• Letter from physician indicating that treatment is necessary</li> <li>• Copies of receipts</li> </ul>
AUTO REPAIRS	The cost of attendance considers auto expenses that include the cost of gas, insurance, and routine maintenance. A request may be granted for additional emergency costs that significantly exceed the budgeted amount. In the case of auto accidents, a request cannot exceed the cost of the deductible.	<ul style="list-style-type: none"> <li>• Copy of paid receipt fully detailing the cost of the repair</li> </ul> For Auto Accidents: <ul style="list-style-type: none"> <li>• Copy of your auto insurance policy</li> <li>• Copy of receipt fully detailing the cost of repair</li> <li>• Accident Report</li> </ul>