

## MT. SAN ANTONIO COLLEGE • FINANCIAL AID OFFICE 1100 North Grand Avenue • Walnut, CA • 91789

## 2024-2025 BUDGET INCREASE REQUEST FORM

## Complete form in blue or black ink

deny any re increase rec		de. Each stud additional do	dent applying for a	The Financial Aid Office has the right to the financial Aid Office has the right to the increase must be enrolled at least had been some for the first the f		
Student's	Last Name	St	udent's First Nam	ne Student's M.I.	Student's N	1t. SAC ID Number
STEP 2: CHE	CK THE ITEM IN	WHICH YOU	ARE REQUESTIN	G A BUDGET INCREASE		
You have Required phone n Use the you are	d Documentation umber that we contact below for e	n: Signed sta can call to ve each child tha pol-related ac	tement from you rify this informat at you pay child ca	ol-related activity. You cannot include or child care provider verifying the morion with the child care provider, if necare for when you are at an academicall loing field work related to your class, o	nthly amount you p essary. y-related activity. T	his includes the time
Naı	me of Child	Age	Hourly child	Total hours per week in child care w	-	OFFICE USE ONLY
Steven (ex	(amnle)	4	care rate \$12.00	academically-related ac	tivity	
Steven (e)	(ampie)		<b>\$12.00</b>	23		
A one-till printers etc.) will Require or a cop Have you What is a Unusual Provide medical, and/or y	and scanners, but not be approved Documentation y of your receipt up reviously had the total cost of ly high medical or a written docum dental bills you	ase may be rult not warrard. You may be not copy of the if you alreat a budget incente compute or dental expent explaining want to be coedical/dental	equested for the aty agreements of the asked to provide the cost estimate (dy purchased the trease for a compar (less the rebate penses not covered the medical situe) onsidered. For full bills and amount	purchase of a computer for up to \$2,00 carrying cases. Devices that cannot be a copy of the receipt showing you hat an online printout from the place you computer during the current academenter at Mt. SAC?   yes or  No if there is one)? \$  yed by insurance  uation(s) including the affected family rether clarification, be sure to highlight its not covered by insurance for the 202	e used for data produce used for data produce purchased the displayed will purchase the dic year (August 202) and the out-of-pocket e	cessing (i.e. iPad, Kindle computer. computer is sufficient) 24 – May 2025). submit copies of all
The information fines, per	ation provided or nalties, and/or im	n this form is nmediate rep	true and complete payment of aid. If	te. I understand that purposely giving famy situation changes as it pertains to to promptly inform Mt. SAC Financial A	he areas for which	•
Student's	Signature:				Date:	
3) How	udent making SA		□No	inancial Aid Office Use Only 2) Have all the requirement 4) Are there any relevant no Date		