

**West Virginia State University
Office of Financial Aid and Scholarships
2024-2025 Budget Increase Request Form**

Last Name First Name Middle Initial Student ID Number

Telephone Number (Including Area Code) Email Address

Your request is for which semester:

Fall Only _____ Spring Only _____ Fall and Spring _____

Please use this form to request increases to be made to your 2024-20245 Cost of Attendance Budget. Budgets can only be increased by expenses incurred by and for the student. The following are allowable expenses for a budget increase.

If your request is approved, any increase to your budget will result in additional Direct Loan assistance, up to your annual limit.

Please check the expenses that you are requesting to be included in your financial aid budget. In addition to this form you are required to attach supporting documentation for each expense claimed.

Dependent Care Expenses: I need to request additional dependent care expenses.

You must be an independent student and enrolled in a minimum of 6 credit hours to request this budget addition. Additional funds will come from student loan programs.

Yes No

Computer Expense: I need to request the ONE-TIME \$900 Computer Expense.

You must supply current paid receipt for purchase or copy of finance agreement. No RTO agreements. You must be enrolled in a minimum of 6 credit hours. Additional funds will come from student loan funds if eligible.

Yes No

The Financial Aid Counselor advised me of the total amount of student loan funds that I have borrowed and we discussed my estimated payment amounts.

Yes No

My signature below indicates that I supplied complete and accurate changes to my award, give my consent for corrections to my SAR, authorize West Virginia State University to credit my student account with funds from my award to cover all charges for the appropriate term, and indicates my understanding and agreement to all terms outlined in the Conditions of Award.

STUDENT SIGNATURE

DATE

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