



**Financial Aid Office—Dental School**  
 A0-111, Center for the Health Sciences  
 Box 951762  
 Los Angeles, CA 90095-1762  
 Office: (310) 825-6994  
 Fax: (310) 825-9808

## 2018-19 BUDGET INCREASE REQUEST

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Name: Last First UID#

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Please use this form to request increases be made to your 2018-19 academic year Cost of Attendance, i.e., total financial aid budget. Budgets can only be increased by expenses incurred by and for the student. The following are allowable expenses for a budget increase. 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. Please read reverse side for acceptable forms of verifying documentation for each category.**

**Only expenses incurred during the period of enrollment for 2018-19 academic year will be considered.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Airfare        | <input type="checkbox"/> Child Care       | <input type="checkbox"/> Major Auto Repairs   |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Purchase of Computer |

If your request is approved, any increase to your budget will result in additional Direct loan assistance, up to your annual limit. If unmet eligibility exists beyond what can be covered by Direct loans, a Direct PLUS or private loan will be offered. ***\*Requests must be submitted at least two (2) weeks prior to end of enrollment period/term.\****

*A new Financial Aid Notification (FAN) statement will be posted on MyUCLA when your budget and awards are revised. It will be necessary for you to accept or decline the changes made to your awards.*

**CERTIFICATION STATEMENT:** I certify that all information reported on this page is true and accurate to the best of my knowledge. I have also attached all required documentation if necessary. I understand that purposely falsifying information may lead to a cancellation of my aid and prevent me from receiving financial aid in future academic years.

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Student Signature Date

## Allowance Budget and Required Documentation

*\*Expenses paid in cash, accompanying bank statements must be supplied verifying payment in addition to below documentation.\**

Type of Allowance	Standard Budget	Maximum budget allowance	Required Documentation
Airfare	Undergraduates: \$378  Graduates: \$ 0	Amount that exceeds standard cost	Intended to help cover cost of airfare for family visits such as holidays, or family emergencies. Expenses for airfare can be added to the cost of attendance twice in one academic year. Our standard budget currently includes \$372 for undergraduates, and \$0 for graduate students towards travel expenses, we will allow expenses that exceed our standard cost. *airfare should be purchased in advance. Receipts must be provided.
Child Care	\$0	Actual Cost	Submit a personalized contract or a letter from your child-care provider describing services offered and their costs. ( School tuition not covered) Also, please provide proof of payment (such as canceled checks or copies of receipts) for <u>at least two</u> consecutive months.
Major Auto Repair	\$0 (Regular maintenance expenses are included in standard budget)	Actual Cost	Expenses related to <u>major auto repairs</u> incurred during the enrollment period may be considered, <u>only if the automobile is used for school related purposes other than commuting to and from campus</u> . Submit copies of receipts, an itemized statement reflecting the cost and description of repairs performed, proof of payment AND a letter from your advisor (on department letterhead) verifying the necessity for the use of your vehicle for a class related project (i.e. commuting to clinical site), other than commuting to campus
Medical/Dental	Undergraduates: \$281  Graduates: \$ 304	Amount that exceeds standard cost	Only student expenses incurred and paid out of pocket (not covered by insurance) during the enrollment period will be considered. Please provide an explanation of your condition, an itemized statement verifying costs incurred via billing statement or letters from a physician AND proof of payment such as copies of receipts or cleared (canceled) checks (front and back copy). Estimates will not be accepted.
Special Projects (i.e. thesis, film projects, research projects, internships, service award programs)	\$0	Actual Cost	Submit an itemized budget, signed by a professor or an advisor on a department letterhead that lists individual expenses and verifies that those expenses are reasonable and necessary AND <u>not paid for directly by your department</u> . Expenses incurred for special projects must be part of your required coursework. Our office will ensure that no duplication of standard budget components exists at the time of review and may follow up for receipts to verify expenses incurred, before awarding additional aid eligibility.
Purchase of Computer, - Excluding tablets	\$0	Up to \$2,000	This expense will be allowed <u>only</u> once during student's enrollment per degree at UCLA. Submit a copy of a receipt verifying proof of purchase for the computer. Receipts must be in students name , or credit card used may be used to verify purchase. If purchased by parent you will need to provide a statement from parent indicating aid will be used to reimburse them.  *If expenses exceed \$2000, you must provide verification from your department certifying that the specific system requirements are necessary. Letters must be on department letterhead.
Rent			To request an adjustment to cover rent expenses, please complete a Housing Adjustment Form—available at <a href="http://www.financialaid.ucla.edu/Forms-and-Publications">http://www.financialaid.ucla.edu/Forms-and-Publications</a>