2020-2021 Request for Financial Aid Budget Increase

Student's Name	ID	Phone Number
	with parents. Your actual cost may va	on your enrollment and from the average cost associated ary from these standard budgets. Check the box(es) that cumentation.
your cost of attendance will not cause a	n increase in your PLU administered gi ar self help financial aid (work study an	assistance. Please be aware that any adjustment made to ift assistance. It may allow you to receive additional nd loans). To curb excessive student borrowing, PLU
	document your extra expenses upporting documentation of yo	s. We cannot approve your request without our higher costs.
•	expenses. If these expenses are shared day care provider is a: day care	d with spouse or someone else, report only the portion re center family day care home
Number of children Ag	ges of children	
Maximum range we will increa	se your budget: Full time, infants: \$896 Full time, toddler: \$832 Preschool: \$729 to \$10 Before & after school:	2 to \$1238/month 030/month : \$460 to \$511/month
I have transportation expenses work or to school. These expenses the purchase of a vehicle.	(vehicle maintenance costs, gasoline, re	res are from wa.childcareaware.org repairs, insurance) for a vehicle that I use to commute to g the academic year and do NOT include payments for
	tion costs due to living out of state. I	pay the following amount for a round-trip airline
which I was enrolled at least ha	If-time at PLU. The cost of the compu	through May 31, 2021, during an academic term in atter was \$ <i>This adjustment</i> is limited to no more than \$1000 for this expense)
	penses. Please itemize your <i>monthly</i> li	
Do you share these expenses w If yes, only include your portio	th a roommate or spouse?	YES NO
	(Utilities	s include: heat, electricity, garbage, water, cable, phone & internet
_		Sum of rent/food/utilities not to exceed \$1910 per month.)
Other (Please describe and provide do	cumentation of expenses).	
I affirm that the information provided on this form is true and the figures provided are accurate to the		
best of my ability.	EMAIL A	DDRESS:
Student	Date	
7.6.11.1.1		

Mail this form to:

OFFICE of STUDENT FINANCIAL SERVICES PACIFIC LUTHERAN UNIVERSITY TACOMA, WA 98447