



Office Of Student Financial Aid & Scholarships

127 Funkhouser Building, Lexington, KY 40506-0054

www.uky.edu/financialaid/

BUDGET APPEAL FORM

The Office of Student Financial Aid and Scholarships (OSFA) can offer you financial aid to cover your basic cost of attendance (COA) and living expenses during the academic year. This estimated COA – or budget – is comprised of standard educational expenses incurred by students (e.g. tuition and fees, housing/living expenses, books, transportation, and personal expenses). OSFA uses average amounts for all non-tuition and fees budget items. *We strongly encourage you to plan and budget your expenses and aid so that you stay within the COA set by OSFA.* We understand that in certain situations OSFA's COA budget does not accurately reflect the costs actually incurred during the academic year. In such cases, you may appeal for a budget increase for documented expenses above those allocated by OSFA in your budget.

Prior to completing the form on Page 2, please carefully read the information below regarding acceptable items for a budget appeal.

Budget appeals will be considered for the following items:

- Living expenses *in excess* of budgeted cost (includes rent, utilities, food, phone and cable)
- Books (*in excess* of budget cost)
- Childcare expenses
- Dependent care expenses
- Disability-related expenses not covered by an outside agency
- Computer purchase (one-time only)
- Non-elective medical, dental or optical expense not covered by insurance
- Study Abroad expenses (charges that exceed the existing COA will be considered)
- One-time direct cost associated with first professional licensure or certification
- Transportation costs *in excess* of budgeted cost
- Emergency travel (e.g. death in the family)

Budget appeals will **NOT** be accepted for the following items:

- Credit card payments
- Student loan debt
- Educational or private loan repayment
- Discretionary (optional) medical or dental procedures
- Spousal maintenance expenses
- Student conferences
- Purchase/maintenance of a car (*Federal law prohibits the School from providing aid for consumer debt, which includes car payments and car insurance.*)
- Job interview expenses
- Elementary or secondary school tuition expenses
- Other non-educational related expenses
- Expenses incurred during periods of non-enrollment

PLEASE NOTE: *Submitting an appeal does not guarantee that an adjustment will be made. All adjustments are made at the discretion of professional judgment by OSFA staff. In most cases, an approved budget increase will result in an increase in Federal Work-Study or loan eligibility. It is very unlikely that the approved budget increase would be covered with scholarship or grant funding.*

Budget Appeal Form

Last Name: _____ First Name: _____ UKID: _____

Mobile Number: _____ Academic Semester(s) for Appeal: _____

UK Email Add: _____ Total requested in budget increase: \$ _____

Please explain the reason(s) for your appeal. Attach all supporting documentation:

Budget Item	Required Documentation	Amount of Expense
Rent	Copy of signed of lease/rental agreement	
Utilities	Copies of bills for 2 months	
Books	Copies of receipts for course-related materials	
Childcare ¹	Copy of contract or statement from provider and receipt or canceled check copy for 1 payment	
Computer/laptop purchase ²	Copy of receipt	
Medical, dental or vision expenses not covered by insurance	Itemized bill showing amount(s) covered by insurance and amount of out-of-pocket expenses	
Transportation	Signed copies of receipts for travel-related expenses	
Study Abroad	Signed copies of receipts	
Other: _____	Signed copies of receipt or related documentation	
Other: _____	Signed copies of receipt or related documentation	
Other: _____	Signed copies of receipt or related documentation	

By signing this form you agree that all of the information and documentation presented to the Office of Student Financial Aid and Scholarships is accurate, to the best of your knowledge and that you will notify the Office of Student Financial Aid and Scholarships if there is any change to the information you have provided.

Signature: _____ Date: _____

Appeals are reviewed within 10 working days of receipt. You will be notified via your myUK email address of the decision regarding your appeal.

FOR OFFICE USE ONLY

Appeal approved: _____ Approved Increase: \$ _____ Appeal Denied: _____

Reason/comments: _____

Staff Name & Signature: _____ Date: _____

¹ Maximum of \$1,000/month; only allowed if single parent or if spouse also enrolled in school or employed at least part-time

² Maximum of \$2,000.