# Medical Student Budget Appeal Form

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**Last Name** __________________________  **First Name** __________________________  **MU ID Number** __________________________

___ I am a 1<sup>st</sup> 2<sup>nd</sup> or 4<sup>th</sup> Year Medical Student (10 months)

___ I am a 3<sup>rd</sup> Year Medical Student (12 months)

Do you share an apartment with anyone other than a spouse?  Yes___  No___

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<table>
<thead>
<tr>
<th>Budget Adjustment Form for Medical Students</th>
<th>$ Monthly</th>
<th>$ Total</th>
<th>FAO Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/House Payment</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Electric</td>
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<tr>
<td>Gas</td>
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<td>Telephone</td>
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<tr>
<td>Water</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Other Utility:________</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Insurance</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Food</td>
<td>$_________</td>
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<tr>
<td>Transportation</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Child care costs*</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Other:__________</td>
<td>$_________</td>
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<td>Other:__________</td>
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<td>Other:__________</td>
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<tr>
<td>TOTAL:</td>
<td>$_________</td>
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</tbody>
</table>

Rev. 3/19
COMMENT SECTION: You MUST provide a detailed explanation below as to why you are requesting a budget adjustment. Attach additional sheets if necessary. *Child care cost (Provide name and age of children.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I certify that the above is true to the best of my knowledge. If it is found to be otherwise, I understand that this may represent a punishable act of fraud against the United States Government and/ or that I may forfeit all additional eligibility for assistance.

________________________________________                 ______________________________
Signature                                        Date

________________________________________                 ______________________________
E-mail Address                                    Telephone Number

FAO USE ONLY

$_____.Total for ____ months - $_____ standard budget amount for same months = $ _______ monthly increase x ___ = $_____

$______ One-time allowable expense for:  TOTAL INCREASE = $______

Rev. 3-19
Budget Adjustments/Contribution Adjustments

Adjustments are allowed by the Office of Student Financial Assistance on a student by student basis. Listed below are some of the items which are eligible for review based on individual circumstances. Adjustments are made to increase a student’s eligibility for assistance and to recognize a student’s current situation. Please understand any adjustment made to your family contribution and/or budget must be documented for review by auditors. Also, it must be an item that we can consider “customary and reasonable” in nature and related to your educational experience at the Joan C. Edwards School of Medicine.

Appeal of Standard Budget (Cost of Attendance)

Complete and sign a budget appeals form and submit it for review to Cindy Canterberry, Assistant Director for Student Financial Assistance, MUJCE School of Medicine, located in the Office of Student Affairs, 1321 Hal Greer Blvd, Huntington, WV 25701. Any questions regarding the appeal or other circumstances should be addressed to Cindy as well at 304-691-8739 or email madden2@marshall.edu.

What can be added to the budget?

Living Expenses – Allowable expenses that exceed established base budget items. Note: Copies of receipts for rent/mortgage and all monthly utility receipts are required.

Child Care Expenses - Only child care expenses incurred during your period of enrollment will be allowed. Documentation must be provided by a licensed day care facility.

Medical Expenses - Medical expenses incurred during the academic year not covered by insurance could result in an adjustment for the student only.

Two Household Expense – For details of possible adjustments, contact Cindy Canterberry.

Auto Repair – Access to an automobile is considered a requirement for medical students to meet the demands of community-based education in the curriculum. You cannot, however, request additional aid to purchase a car and financial aid cannot be budgeted for car payments or for auto rental/leasing. However, reimbursement is allowed for auto repairs only as well as purchase of tires. An allowance has been considered in the established financial aid budget to cover general car upkeep and maintenance.

What is NOT part of the budget?

Consumer Debt– including student loans, personal loans, and automobile payments. Do your best to eliminate debt before beginning your studies.

Home repairs – any type of home repairs are not considered as part of your educational costs.