2022-2023 Budget Increase Request
Office of Graduate Financial Aid
Phone: (714) 628-2730
gradfinaid@chapman.edu

You may use this form to request a review of your aid eligibility because of extenuating circumstances. Changes resulting from this review do not guarantee an increase in aid. Please allow up to 5 business days for processing after all the required documentation has been received. Your request will not be considered without supporting documentation attached and required signatures.

☐ 2022 Transportation Budget Increase (Academic Year)
   If you commute more than 200 miles per day to and from campus (or internships/school related activities)
   Please provide the following documentation:
   • A letter detailing your daily commute to campus
   • Mileage report (Google Maps/MapQuest)

☐ 2022 Unusual MEDICAL and/or DENTAL EXPENSES (Academic Year)
   (All bills paid by student/spouse that are not covered by insurance during the current academic year)
   Please provide the following documentation:
   • An itemized list of expenses claimed
   • Copies of receipts for expenses from Hospitals/Clinics/Doctor’s Office
   • Letter of explanation detailing your paid and/or projected expenses

☐ CHILD CARE SUPPORT (Academic Year)
   Child care/day care expenses for dependent children (expenses will be shared by both parents)
   Please provide the following documentation:
   • Name, age, relationship of relative(s) and month the support began/expected date support will end.
   • For child care, proof of payment (day care contract or cancelled checks)

☐ FILM PROJECTS
   • For Thesis Projects: submit a copy of the thesis proposal and Approved film budget (must include name of director, producer, and cinematographer and amount each is responsible for). Maximum budget increase is $18,000.
   • For Director Cycle Projects the maximum budget increase is $2500

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION.

STUDENT SIGNATURE ___________________________ DATE ___________________________

STUDENT NAME (PLEASE PRINT) ___________________________ STUDENT PHONE ___________________________