



COLUMBIA

SCHOOL OF SOCIAL WORK

Office of Financial Aid

Columbia School of Social Work

1255 Amsterdam Avenue, 5th floor

New York, New York 10027

Tel: (212) 851-2293 Fax: (212)851-2298

swfinaid@columbia.edu

BUDGET APPEAL FORM

You are eligible to receive sufficient financial aid to cover your basic Cost of Attendance (COA) during the academic year. This estimated COA or budget is comprised of standard education expenses incurred by students (e.g. tuition and fees, housing/food expenses, books, transportation, and personal expenses). CSSW uses average amounts for all non-tuition and fees budget items. *We strongly encourage students to plan and budget their expenses and aid so that they stay within the COA set by the School.*

We do, however, understand that in certain situations the School's COA budget does not accurately reflect the costs a student will incur during the academic year. In such cases, you may appeal for a budget increase for documented expenses above those allocated by the School in your budget.

Prior to completing the form below, please carefully read the information regarding acceptable items for a budget appeal:

Budget appeals will be considered for the following items:

- Costs *in excess* of budgeted cost (includes rent, utilities, food, phone and cable)
- Books (*in excess* of budget cost)
- Child *care* 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 cover by insurance
- Additional course-related expenses (e.g. travel costs for students going abroad for required Field Education)
- 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
- Education or private loan repayment
- Discretionary (optional) medical or dental procedures
- Spousal maintenance expenses
- Child *support* payments
- 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
- 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 the Office of Financial Aid, and must be approved by the Director of Financial Aid. In most cases, an approved budget increase will result in an increase in loan eligibility; it is very unlikely that the approved budget increase would be covered by scholarship funding.*



Budget Appeal Form

2023-2024 Academic Year

Last Name: _____ First Name: _____ CUID: C00 _____

Preferred Phone Number: _____ Alternate Phone Number: _____

Increase for Term: Summer 2023 Fall 2023 Spring 2024

Total requested in budget increase: \$ _____

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

BUDGET ITEM	COST/EXPENSE
Rent (your share only if you are living with someone) Signed copy of lease/rental agreement <i>(must exceed the amount on award letter for Housing)</i>	\$
Utilities (your share only; gas/electric, etc.) Copy of 2 monthly bills <i>while a student</i>	\$
Books <i>Please refer to award letter (Cost must exceed amount)</i>	\$
Child Care ¹ <i>Must be on agency letterhead with child's name, dates, time (duration) and amount with 1 canceled check</i>	\$
Computer purchase ² Signed copy of receipt for purchase	\$
Dental, medical or vision expenses (not covered by insurance) Itemized bill <i>or letter head of Dr showing amount of out-of-pocket expense not covered by insurance</i>	\$
Transportation Signed copies of receipts for commuting-related expenses	\$
Travel (e.g. for study abroad <i>or 1 time going back home</i>) Signed copies of receipts for travel-related expenses, <i>if Emergency an email summarizing emergency</i>	\$
Other: _____ Signed copies of receipts or relate documentation	\$
Other: _____ Signed copies of receipts or relate documentation	\$
Other: _____ Signed copies of receipts or relate documentation	\$

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

²Maximum of \$2,300. Only 1 computer purchase request will be processed per student while at CSSW.

NOTE: For your above-listed expenses (e.g. rent, food, utilities, etc.), please provide copies of at least one month's bills or receipts for the indicated item(s) and total cost. Examples include: a copy of your lease or rental agreement to verify your monthly rent; a copy of your utility bill; a copy of your monthly phone bill; one month's worth of food bills/receipts, etc.

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



COLUMBIA

SCHOOL OF SOCIAL WORK

the information you have provided. Appeals are generally reviewed within 2-3 weeks of receipt, and you will be notified via your Columbia email address when that review has been completed.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Appeal approved: _____

Approved increase: \$ _____

Appeal Denied: _____

Reason/comments: _____

Staff name & signature: _____

Date: _____