

COLUMBIA SCHOOL OF SOCIAL WORK

OFFICE OF FINANCIAL AID

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<http://www.columbia.edu/cu/ssw/finaid/>

BUDGET APPEAL FORM

The Columbia School of Social Work is able to 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). The School of Social Work 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 you 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 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)
- 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
 - 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
 - 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 Office of Financial Aid staff, 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 with scholarship funding.*

Budget Appeal Form

First name: _____ Last name: _____ UNI: _____

Home phone: _____ Cell phone: _____

Total requested in budget increase: \$ _____

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

BUDGET ITEM	REQUIRED DOCUMENTATION	COST/EXPENSE
Rent	Signed copy of lease/rental agreement	\$
Utilities	Copy of 2 months of bills	\$
Books	Copies of receipts for course-related materials	\$
Child Care ¹	Contract and 1 canceled check	\$
Computer purchase ²	Signed copy of receipt for purchase	\$
Dental, medical or vision expenses (not covered by insurance)	Itemized bill showing amount covered by insurance and amount of out-of-pocket expenses	\$
Transportation	Signed copies of receipts for commuting-related expenses	\$
Travel (e.g. for study abroad)	Signed copies of receipts for travel-related expenses	\$
Other: _____	Signed copies of receipts or related documentation	\$
Other: _____	Signed copies of receipts or related documentation	\$
Other: _____	Signed copies of receipts or related documentation	\$

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 the information you have provided. Appeals are reviewed within 2-3 weeks of receipt, and you will be notified via your Columbia e-mail address of the decision regarding your request.

Signature: _____ Date: _____

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 is also enrolled in school or employed at least part-time. Maximum of \$2,300.