

Part I

FINANCIAL AID OFFICE ❖ UNIVERSITY OF CALIFORNIA, BERKELEY

2009-10

Berkeley Law School Budget Appeal

- ❖ Use black ink; do not use a finpoint.
- ❖ Copy all documentation onto 8 ½" x 11" paper. Do not use a highlighter.
- ❖ Fax this form to: 510-642-9097, or deliver it to Berkeley School of Law Financial Aid Office, 2850 Telegraph Ave., Suite 500, Berkeley, CA 94705-7220

Name: _____ Student ID #: _____

Please explain the reason(s) for your appeal. Include all pertinent facts. Incomplete appeals will be returned. Changes to your current award are contingent on the type of funding available, eligibility policies and regulations.

OFFICE USE ONLY

- Appeal Approved
- Appeal Denied
- Appeals Committee Approval

Comments:

Staff initials: _____ Date: _____

E-mail: financial-aid@law.berkeley.edu - Phone: 510-642-1563 - Fax: 510-642-9097



EXPLANATIONS AND TIPS FOR YOUR APPEAL

Transportation: If you drive and you are requesting an additional transportation allowance, you must explain the necessity for using private rather than public transportation.

The Class Pass fee is included in Registration Fees and should not be listed as a transportation expense.

Housing: The student's name must be on the lease/rental agreement and on all utility bills. If the housing documentation indicates occupancy by more than one person, the total housing cost will be divided by the number indicated.

Medical: If you are requesting additional aid to pay medical expenses incurred prior to the beginning of the current academic year, you must provide a current statement indicating the amount still outstanding.

Computer Purchase: The computer must be purchased during the enrollment period for which you are requesting the budget adjustment.

Inadequately documented expenses will not be considered.

The following expenses are not allowable for funding with need-based financial aid:

- Credit card payments
- Job interview expenses
- Bar review expenses
- Educational loan repayment
- Purchase/maintenance of a car
- Additional allowance for food
- Discretionary (optional) medical or dental procedures

Requests for add-ons which exceed the maximum allowance will be referred to the GPU Appeals Committee.

Appeals are scanned into the computer. In order to avoid scanning problems we request that you use black ink only, do not use finepoint pen, do not use highlighter, and submit documentation on white 8 ½ by 11 paper

Part II

NAME: _____ SS# _____

- ◆ EXPENSES LISTED WITHOUT REQUIRED DOCUMENTATION WILL NOT BE CONSIDERED.
- ◆ INCLUDE EXPENSES ONLY FOR THE SEMESTER(S) YOU WILL ATTEND IN 2009-2010. (MAY NOT EXCEED NINE MONTHS).
- ◆ INCLUDE EXPENSES ONLY FOR THE STUDENT. (WITH THE EXCEPTION OF CHILD CARE)
- ◆ USE BLACK INK ONLY, NO FINEPOINT PEN, NO HIGHLIGHTER.
- ◆ COPY ALL DOCUMENTATION ONTO WHITE 8 1/2" BY 11" PAPER.

STUDENT EXPENSES	*****OFFICE USE ONLY*****
<p>1. HOUSING: (include student's share only):</p> <p>Rent/Mortgage:.....\$ _____/ mo.</p> <p>Average Utilities:.....\$ _____/ mo.</p> <p>TOTAL:.....\$ _____/ mo.</p> <p>2. TRANSPORTATION: (Do not include AC Transit costs)</p> <p>A: Travel home: (1 trip/academic year)..... \$ _____</p> <p>B: Commuting to school or work: (Work location: _____)</p> <p><input type="checkbox"/> Public transportation: (BART/Muni).....\$ _____/wk</p> <p><input type="checkbox"/> Private vehicle:</p> <p style="margin-left: 40px;">_____ # miles/wk @ 55 cents/mi.: = \$ _____/wk</p> <p style="margin-left: 80px;">+ \$ _____ parking/wk</p> <p style="margin-left: 80px;">+ \$ _____ bridge tolls/wk</p> <p style="margin-left: 80px;">= \$ _____ TOTAL/wk</p> <p>3. Med./dental/opt. not covered by insurance: \$ _____/Ac. Yr</p> <p>4. Childcare: \$ _____/Ac. Yr</p> <p>5. Other: _____ \$ _____/Ac. Yr</p> <p>6. Other: _____ \$ _____/Ac. Yr</p> <p>7. Other: _____ \$ _____/Ac. Yr</p> <p>Please number documentation to correspond with the items listed above.</p>	<p>\$ _____ Monthly Rent/Mortgage</p> <p>\$ _____ Monthly Average Utilities</p> <p>\$ _____ Monthly Total Housing</p> <p style="margin-left: 40px;">- <u>1159</u> Minus Standard Budget</p> <p>\$ _____ Excess Housing/Month</p> <p style="margin-left: 40px;">x _____ Number of Months</p> <p>= \$ _____ Total Additional Housing</p> <p>\$ _____ Travel Home</p> <p>\$ _____ Total Public Transp.</p> <p>\$ _____ Total Private Transp.</p> <p>\$ _____ TOTAL</p> <p style="margin-left: 40px;">- <u>2821</u> Minus Standard Budget</p> <p>= \$ _____ Total Add'l Transp.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

I am submitting the additional expenses for:

- Increased loan eligibility:
 Subsidized Direct Loan
 Unsubsidized Direct Loan

 Graduate Plus Loan
 I will apply for private loan

I will accept up to \$ _____ additional loan (write in amount or "maximum").

- Reduction or elimination of an overaward/re-instatement of cancelled aid.
- Other (explain) _____

I certify that all the information on this form is true and complete. I will report any changes in writing to the Financial Aid Office.

SIGNATURE _____

DATE _____

TYPE OF ALLOWANCE	AMOUNT INCLUDED IN STANDARD BUDGET	MAXIMUM ALLOWABLE ADD-ON	DOCUMENTATION REQUIRED
Rent or home mortgage payments plus utilities.	\$1,159/month	\$7,389/ac. year (including no more than \$50/month for phone). Married students: ½ of total housing cost will be used.	Copy of the student's lease, rental agreement, or three cancelled checks. Copies of utility bills.
Transportation to/from campus and/or place of employment + visit home during vacation break.	\$2,821/academic year (Class Pass already included in Reg. fees)	\$3,240	Private vehicle: attach copy of car registration. BART/Muni: itemize. One visit home is allowed per academic year. Attach copy of travel bill or written estimate for lowest advance purchase rate.
Books and supplies.	\$1,495/ac. yr. Law	Actual Cost	Itemized list approved and signed by advisor.
Computer purchase, software	0	\$3,000	Purchase receipt or invoice.
Research, fieldwork or thesis expenses	0	\$5,000	Itemized list approved and signed by faculty advisor. Advisor must specify that costs are required educational costs. Professional development costs are not allowed.
Relocating/moving-in expenses. (Entering students only).	0	\$3,000	Copy of billing statements, cancelled checks, copy of lease showing security deposit.
Medical insurance.	\$1,932/academic year (GSHIP)	Actual Cost	Copy of billing statement, cancelled checks.
Medical service not covered by insurance (e.g. check-ups, lab work, prescriptions, dental, optical, therapy).	0	\$5,000	Copy of billing statement, cancelled checks, or estimate from physician. Include documentation of insurance coverage indicating what portion of your bill(s) will not be covered.
Renter's/homeowner's insurance.	0	Actual Cost	Copy of billing statement, cancelled check.
Child care for dependents under the age of 14.	0	\$1,000/month/child	Contract, cancelled checks, receipts, or statement from provider.