



SEMINARY OF THE  
**SOUTHWEST**  
AN EPISCOPAL SEMINARY

Adjustments to Cost of Attendance Budget

**SECTION I: STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

**SECTION II: REQUEST**

( ) The cost of *individual health insurance premiums* can be added to your financial aid budget. Submit this form together with documentation of insurance enrollment and monthly premium cost. Health insurance deductibles, co-payments and contributions to medical reimbursement saving accounts cannot be added to your annual cost of attendance.

- Indicate the Term(s) you are requesting:
- Summer (2 months – June – July)
  - Fall (5 months – August – December)
  - Spring (5 months – January – May)

( ) A 1-time computer purchase can be added to your financial aid budget. Submit this form and attach documentation of your completed computer purchase.

( ) Documented expenses for dependent child care can be added to your financial aid budget. Documentation consists of current fee schedule or statement on letterhead from the child care provider indicating the names and ages of the children enrolled, the name and phone number of the provider, and the per week cost of enrollment. Consideration is allowed for only the terms a student is enrolled as a student.

Dependent Child Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Dependent Child Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Dependent Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

I request that my financial aid budget for (AY) \_\_\_\_\_ be increased as indicated above and have attached documentation as required. I certify that the information I have provided is true. I understand that misrepresentation of facts in connection with this request may be sufficient cause, in and of itself, for cancellation or repayment of my financial aid as specific to this Cost of Attendance increase request.

**SECTION III: AUTHORIZATION**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_