

2017-2018 Budget Increase Application

 **Weill Cornell Medicine**
**Student Finance
& Records**
 Financial Aid, Student Accounting & Registrar
 1300 York Avenue
 Room C-114
 New York, NY 10065
 T: 212.746.1065
 F: 212.746.5981

Class of: 20____ Year in Program: _____

Degree: MD PhD Master's _____

A Cost of Attendance budget* is an estimate of what it will cost you to attend Weill Cornell for one academic year. This includes tuition, student fees and expenses for housing, health insurance and personal items. If you find that your actual costs exceed the estimated budget and you can provide documentation, you may be eligible for a **budget increase awarded in unsubsidized loans**. To request a budget increase, please complete this form. Documentation will be required in order for your request to be reviewed.

* A copy of your budget is available on the Financial Aid/Student Services Website and your Financial Aid Award Letter.

APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE DENIED

Student Name: _____ Phone #: _____ Stu Email/CWID: _____

Type of Cost	Cost	Eligibility / Documentation Requirements
Books & Supplies (Amt. exceeding current allowance)	\$	You must demonstrate that your total books/supplies cost exceeds allowance. <ul style="list-style-type: none"> Receipts for all books and supplies required <i>Note: Step 1 test prep materials are not considered an allowable cost.</i>
Housing/Utilities (Electric, gas or water only)	\$	You must demonstrate that your total housing cost exceeds your current budget. <ul style="list-style-type: none"> Copy of lease or copies of canceled rent checks Copies of utility bills specifying your portion (if claiming this expense)
Medical Expenses (not covered by insurance)	\$	<ul style="list-style-type: none"> Bill from the doctor and/or provider of services and documentation from insurance company of what will be covered by insurance. Receipts or bills for medication, optical, or dental expenses; the bill must indicate amount not covered by insurance. If there is an ongoing condition, provide documentation and/or estimate of treatment costs not covered by insurance. Itemized list with dates corresponding to receipts above.
Childcare	\$	<ul style="list-style-type: none"> Copy of invoice, receipts or cancelled checks for payment to service provider
Optional WCMC Dental/Vision insurance	\$	<ul style="list-style-type: none"> Copy of Student Account bill listing charge
Computer (one time allowance per degree)	\$	<ul style="list-style-type: none"> Invoice or documentation showing estimate of cost Receipt for purchase of computer
Other (Special circumstances must be discussed with the office prior to submitting this form)	\$	<ul style="list-style-type: none"> Provide itemization and documentation of all expenses
Residency Costs (Graduating Med students only)	\$	<ul style="list-style-type: none"> Must attach completed Residency Affidavit Form Requests are accepted as of September of your graduating year

If your request is approved, you will receive a revised financial aid award letter via email. If you have questions, please contact the office.

Student Certification

I certify that the expenses listed here are true and accurate, and I understand that I must notify the Financial Aid Office if my expenses decrease.

SIGNATURE OF STUDENT _____

DATE _____

Return completed form to the Financial Aid Office, 1300 York Avenue, Room C-114, or email to: finaid@med.cornell.edu

Processed: