## **OFFICE OF FINANCIAL AID**



4525 Education Park Drive, Schnecksville, PA 18078
P 610.799.1133 | F 610.799.1798
E finaid@mymail.lccc.edu

## 2023-2024 Budget Increase Request

tudent Name		Student ID	
nstructions ou have requested a review of you etermine if your financial aid buo hrough 4 below.		_	below will be considered to inary expenses. Complete steps 1
. My Address:			6. 1. 710
Street		City, State, ZIP	
<ul> <li>My MONTHLY Expenses (not of all expenses listed below:</li> </ul>	overed by govern	ment assistance/subsid	lies) Please include documentatio
Rent/Mortgage	\$	Child Care	\$
Utilities	\$ \$ \$ \$	 Insurance	\$
Car/Transportation	\$	Food	\$
Dental	\$	Medical	\$
Children's Tuition	\$	*Other	\$
. Sign below. I certify that the ab	oove information i	s true and correct to th	e best of my knowledge:
Student Signature	 Date	Daytime Phone Num	ber

 $\textbf{4. Return this form} \ \text{in person, by mail, fax, or email to the Financial Aid Office}.$ 

**OFFICE USE: BUDADJ**