Lehigh Carbon COMMUNITY COLLEGE

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

2021-2022 Budget Increase Request

Student Name _____ **Student ID** _____

Instructions
You have requested a review of your financial aid budget. The information below will be considered to determine if your financial aid budget should be increased due to extraordinary expenses. Complete steps 1 through 4 below.

1. My Address: _____
Street City, State, ZIP

2. My **MONTHLY** Expenses (not covered by government assistance/subsidies) Please include documentation of all expenses listed below:

Rent/Mortgage	$	Child Care	$
Utilities	$	Insurance	$
Car/Transportation	$	Food	$
Dental	$	Medical	$
Children's Tuition	$	*Other	$

*Expenses listed as "other" must be explained in detail. Please attach additional sheets or documentation as necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

3. Sign below. I certify that the above information is true and correct to the best of my knowledge:

_____ _____
Student Signature Date Daytime Phone Number

4. Return this form in person, by mail, fax, or email to the Financial Aid Office.

OFFICE USE: BUDADJ