

**Southern Illinois University  
School of Medicine**

**Addition to Student Budget Request**

**Section A: To be completed by student**

I, \_\_\_\_\_, request the Financial Aid Office at SIU School of Medicine  
Last name First name

to add \$ \_\_\_\_\_ (**minimum loan amount \$150.00**) to my financial aid budget for:

(Check one box only)

Fall 2008/Spring 2009 (1<sup>ST</sup> through 3<sup>rd</sup> Year Students: Last day to submit form is April 29, 2009)  
(4<sup>th</sup> Year Students: Last day to submit form is February 1, 2009)

Summer 2009 (Last day to submit form is July 23, 2009)

This request is being made to cover the following expenses. (List additions to budget and give justification. Documentation relating to the expenses must accompany your request. Refer to Student Budget/Contribution Adjustment Guidelines attached to your award letter.)

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WARNING: IF THIS FORM IS TO BE USED IN THE PROCESS OF ESTABLISHING ELIGIBILITY FOR FEDERAL STUDENT AID FUNDS, YOU SHOULD KNOW THAT INTENTIONALLY FALSE STATEMENTS OR MISREPRESENTATION MAY SUBJECT THE FILER TO A FINE OR IMPRISONMENT, OR BOTH, UNDER PROVISIONS OF THE UNITED STATES CRIMINAL CODE.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Section B: Financial Aid Office Use Only**

Approved Amount \$ \_\_\_\_\_ See attached award revision.

Rejected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_