



# SOUTHWESTERN LAW SCHOOL

3050 Wilshire Boulevard • Los Angeles, CA 90010-1106

T: 213.738.6719 / E: [finaid@swlaw.edu](mailto:finaid@swlaw.edu)  
[www.swlaw.edu/studentservices/finaid](http://www.swlaw.edu/studentservices/finaid)

## Budget Increase Application

Please type or print clearly.

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_

1. I am requesting the following additional aid:  Sub Stafford  Unsub Stafford  Grad PLUS  FWS  
 Perkins (if available)

2. Additional Loan Amount Requested: \$ \_\_\_\_\_ Additional FWS Amount Requested: \$ \_\_\_\_\_

3. Grad PLUS Loan Borrowers:

a. Do you want us to add on the lender & guarantor fees?  YES \$ \_\_\_\_\_ or  NO

b. Do have an Endorser or Co-Signer?  YES\* or  NO

\*If YES, then you and the Endorser will have to complete a NEW promissory note for this additional loan amount.

**All FEDERAL Loan Funds MUST be split evenly. We can not request uneven disbursements.**

4. Need Funds For:  All now (if possible)  Split between Fall & Spring  Split between Summer, Fall & Spring

5. Living Arrangements:  Rent/Own  with Parents/Relatives  with Parents/Relatives and paying rent

6. Program:  Day  Evening  PLEAS  SCALE - Period \_\_\_\_\_  LL.M.

7. Number of children or dependents (do not include yourself): \_\_\_\_\_

**Note: We are expressly prohibited from including CAR PAYMENTS or BAR REVIEW COURSE-RELATED expenses. See Cost of Attendance Policy in the Financial Aid section of Southwestern's website.**

You <i>must</i> provide documentation of additional expenses	Enter your monthly amount	Times per year		Total
Major auto repair expenses	\$ _____		1	\$ _____
Medical/Dental expenses not covered by insurance	\$ _____		1	\$ _____
Computer costs after first year for computer replacement/repair	\$ _____		1	\$ _____
Rental costs above standard \$1500 monthly	\$ _____	x	**	\$ _____
Books and supplies above the standard \$625/semester for Traditional or \$800 for SCALE	\$ _____	x	**	\$ _____
Child care/Elder care monthly costs	\$ _____	x	**	\$ _____
Costs for students with disabilities	\$ _____	x	**	\$ _____
<b>Other*** (specify below)</b>				
	\$ _____	x		\$ _____
	\$ _____	x		\$ _____
	\$ _____	x		\$ _____
<b>Total Additional Costs Allowed</b>				\$ _____

\*\*\* These *may not* be approved

\*\* Assumes 9

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