

Request for Budget Increase 2025-2026

Student Name _____ Preferred Name _____ Student ID: _____

Phone: _____ Oregon Tech Email: _____

An increased budget does not always result in an increased award amount.

Under certain circumstances the Financial Aid staff may be able to adjust your budget or award amounts. If you feel that you have extenuating circumstances and your current financial aid award will not adequately cover your educational expenses, please complete this form, attach relevant documentation and return to the Financial Aid office.

Budget may be increased for additional rent, computer expenses, childcare, senior projects, or other miscellaneous expenses that are educationally related. All requests must be resubmitted each academic year to ensure their accurate completion.

Budget Increase Maximums

It is the policy of the Oregon Tech Financial Aid Office, that we will increase your Cost of Attendance budget with proper documentation up to the following maximums for the entire academic year (Summer 2025 through Spring 2026):

<u>Expense</u>	<u>Maximum</u>
Automotive Repair (excluding routine maintenance and tires)	\$2,000
Child Care (per child, per month)	
• Infants (0-2yrs old).....	\$1,200
• Pre-school	
Full time	\$500
Part time.....	\$500
• School Age Children	\$500
OUS Study Abroad Program	Not to exceed estimated costs by IE ₃
Personal Computer	\$2,000
<i>(This increase is only allowed once as a student at Oregon Tech.)</i>	
Rent/Mortgage	
• Klamath Falls (if over \$792 per month*)	\$1,500
• Chemeketa/Salem (If over \$1,265/month*)	\$2,000
• Portland (if over \$1,548/month*).....	\$2,000
<i>(*Per person: Example: If your rent is \$650/month and you have a roommate then your personal cost is \$325/month and you do not qualify for an increase.)</i>	

Instructions

- Attach a written narrative that fully explains the circumstances that you believe should increase your budget.
- Attach all requested documentation including receipts, cost estimates, copies of cancelled checks, rental agreements, mortgage statements, medical bills, etc.

Certification

All of the information on this form and provided documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked this request will be denied. I understand, also, if I provide information in a future year that invalidates this information, further eligibility for student aid may be revoked.

Student Signature: _____ Date: _____

Financial Aid Office



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Our office hours are:
8:00 a.m. to 5:00 p.m.
Monday-Friday