



FINANCIAL AID & SCHOLARSHIPS OFFICE  
1000 East Victoria Street  
Carson, California 90747  
PHONE: (310) 243-3691

CSUDH ID: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents.

**REMINDER:** When uploading your documents to the **online [Dropbox](#)**, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: \_\_\_\_\_  
*Enter Last Name, First Name, MI*

Toro Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
*(Area Code) (i.e. 222-1234)*

*Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.*

### **SUBMISSION INSTRUCTIONS:**

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarships Office. Forms that are incomplete will remain on your To Do List in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. Provide your wet signature. Typed/font signatures are not acceptable.
2. **Save your document. Name your document with your first name, last name, and CSUDH ID number**
3. If you have attachments, please have them ready to upload to the online Dropbox
4. Return to the [Financial Aid Forms](#) page, go to the **blue Dropbox Folders** section, **select the icon that corresponds with your last name**, use the **“Add Files”** or **“drag stuff here”** option to upload your documents. **Emailed documents will not be accepted.**
5. Once all documents have been submitted, be sure to close your browser.

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In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660  
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Student's Name: \_\_\_\_\_ CSUDH ID# \_\_\_\_\_

**2024-2025 Budget Increase Request Form**

In some cases, additional educational related expenses you incur and pay during an academic year may be considered in determining the amount of your financial aid eligibility. The Financial Aid Office will evaluate your expenses upon receipt of this form and the documentation listed below. Submit all documents electronically to the Financial Aid Dropbox located at [csudh.edu/financial-aid/forms/](https://csudh.edu/financial-aid/forms/). Failure to submit supporting documentation will delay processing of your request. **Appeals need to be submitted at least two weeks before the end of a semester to ensure adequate processing time.**

**Purpose of Budget Increase Request:**

- Scholarship/Stipend received.
- Athletic Grant-in-aid received.
- Increase Direct Loan. Complete and attach 2024-2025 Financial Aid Adjustment Request.
- Other – attached letter of explanation required.

**Reason:**

**Required documentation:**

<b>Change to Housing Plans:</b> <ul style="list-style-type: none"> <li>• <i>Going from On-Campus to Off campus housing</i></li> <li>• <i>Going from Living with Parent to Off-Campus</i></li> <li>• <i>Going from Living with Parent to on-Campus</i></li> </ul>	Signed statement explaining expense, <b>and</b>
	Signed copy of lease or rental agreement
<b>Off-Campus Rent</b> <i>Do not submit if your rent is equal to or less than \$1,379/month</i>	Signed statement explaining expense, <b>and</b>
	Signed copy of lease or rental agreement
<b>Major Automobile Repairs</b> <i>Do not include general maintenance.</i>	Signed statement explaining expense, <b>and</b>
	Copy of bill/invoice in your name and date of service
<b>Child Care</b>	Signed statement explaining expense, <b>and</b>
	Signed letter from care provider indicating details of child care arrangement, contact information, and cost
<b>Other Educational Related Expenses</b>	Signed statement explaining expense, <b>and</b>
	Copy of supporting documentation

My signature below certifies that this information is true and authorizes verification of this information by the Financial Aid Office at any time. I further understand that if the above costs are not incurred, increased financial aid offers based on the cost are subject to cancellation, including any disbursed funds.

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date