

Office of Financial Aid

2010-2011 GRADUATE STUDENT BUDGET ADJUSTMENT FORM

Note: The information reported on this form applies to the 2010-2011 academic year only. If you continue to have expenses in excess of the standard financial aid budget in future academic years, you must complete a new Budget Adjustment Form each year.

Name			
Address	City	State	Zip Code
Phone (home)	Email	<input type="checkbox"/> Law <input type="checkbox"/> MAT	
		<input type="checkbox"/> Atkinson <input type="checkbox"/> PMBA <input type="checkbox"/> Aspire	
SSN or Student ID #	Program of Study		

- COST OF LIVING:** Complete worksheet below. Your base financial aid budget assumes that you have living expenses of \$1612 per month for the months during which you are in school (Law/Akinson—9 months, MAT/Aspire—10 months, PMBA—12 months)

List the people in your household and their ages:

Full Name	Age	Relationship

Enter the amount you pay PER MONTH for the following expenses:

Please note: The Office of Financial Aid CAN NOT adjust your budget for credit card payments, spousal student loan payments, or any cost not specifically related to living as a student (i.e., cable TV).

Expense Type	Amount
Rent/Mortgage	
Electricity	
Natural Gas	
Water/Sewer	
Phone	
Internet	
Renter's/Home Owners Insurance	
Food	
Car Payment	
Gasoline	
Car Insurance	
Other— Please list type:	
Other— Please list type:	

Continued on Reverse - Signature Required

- RELOCATION EXPENSES:** (Applies only to first year students whose move occurs during July and August)
Attach copies of receipts for moving related expenses (food, hotel, gas, moving van, UHaul, etc.)

Date(s) of move

Moved From (city and state)

To (city and state)

- CHILD CARE / DEPENDENT CARE COSTS:** Attach a billing statement from 3rd party care provider indicating monthly charges. List dependent information for those receiving care: (attach another page if needed)

Full Name	Age	Relationship	Hours Per Week

- COMPUTER PURCHASE:** (Available only once per academic program. Maximum benefit is \$2000)
Attach copies of itemized purchase receipts.
- EMERGENCY AUTO REPAIRS:** (Routine maintenance care does not qualify as an emergency auto repair.)
Attach copies of expenses incurred since the beginning of the academic year.
- OUT OF POCKET MEDICAL / DENTAL EXPENSES:**
Attach a statement of expenses incurred since the beginning of the academic year. Please note if the expense is a one-time or recurring expense and the amount you are responsible for paying. Provide receipts where appropriate.
- WINTER TRIAL PRACTICE:**
An adjustment is available to increase loan funds. Additional aid is disbursed at the beginning of spring semester.
- COMMUTING EXPENSES:** (To qualify you must travel more than 50 miles round-trip to Willamette University)
Daily round-trip mileage to Willamette: _____ Days per week you will commute: _____

I understand that I must complete a new Budget Adjustment Form for each year that I have costs in excess of the standard financial aid student budget and that it is my responsibility to initiate this process each year.

I certify that the above information is correct to the best of my knowledge

Signature

Date