

**Gavilan College Financial Aid Office  
2009 – 2010 REQUEST FOR FINANCIAL AID  
BUDGET ADJUSTMENT**

B  
0910  
Status: \_\_\_\_\_

\_\_\_\_\_  
**Student Name**

**G** \_\_\_\_\_  
**Gavilan ID:**

**Budget Adjustments**

You may request a "Budget Adjustment" if you have additional expenses such as childcare, disability related expenses (which are not paid by an outside funding agency), or uninsured medical or dental expenses. Also, if you must purchase a computer, or supplies required for programs that are in excess of the standard budget allowance, you may request adjustments to your budget.

**I am requesting a budget adjustment for the following reason:**

1.  **Child Care Expenses**

These costs are not paid by an outside agency or department on campus (CalWORKs, CARE).

Name of child: \_\_\_\_\_

Age of child: \_\_\_\_\_

Name of provider: \_\_\_\_\_

Provider address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature of provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Estimated amount per school year \$** \_\_\_\_\_

2.  **Disability-related Costs**

These costs are not paid by an outside agency. Documentation must be attached.

**Estimated amount per school year \$** \_\_\_\_\_

3.  **Uninsured Medical or Dental Expenses**

Documentation must be attached.

**Estimated amount per school year \$** \_\_\_\_\_

4.  **Computer Costs**

Documentation must be attached.

**Estimated amount per school year \$** \_\_\_\_\_

5.  **Supplies/Tools required for programs that are in excess of \$1566, which is the standard budget allowance.** Documentation must be attached (e.g. Syllabus, other documentation)

Name of Program at Gavilan College: \_\_\_\_\_

**Estimated amount per school year greater than \$1566** \$ \_\_\_\_\_

By signing this form, I certify that the information provided is correct. I understand this request will be reviewed by the Financial Aid Office and that a decision will be made and I will be notified via a message on Self – Service.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

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***For Office Use:***

**The following action was taken:**

- Request denied due to the following:

\_\_\_\_\_  
\_\_\_\_\_

- Used professional judgment to make the following changes:

Added the budget component	Amount
_____	\$ _____

Increased the budget component	Increased by
_____	\$ _____

**Notification to student**

- Sent message on Self – Service on \_\_\_\_\_

\_\_\_\_\_  
***Financial Aid Director Signature***

\_\_\_\_\_  
***Date***