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

_____________________________________________  G______________________________

Student Name  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
Gavilan College Financial Aid Office
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_____________________________________________  G______________________________
Student Name        Gavilan ID:

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

_________________________           $_______________________

Increased the budget component

_________________________           $_______________________

Notification to student

☐ Sent message on Self – Service on ______________________________

____________________________________     _________________
Financial Aid Director Signature      Date