

Office of Financial Aid

**2009-2010 GRADUATE STUDENT BUDGET ADJUSTMENT FORM**

**Note: The information reported on this form applies to the 2009-2010 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