

Office of Financial Aid

GRADUATE STUDENT BUDGET ADJUSTMENT FORM

Name		Date of Request		
Address				
City	State	Zip Code		
Phone (home)	Email	<input type="checkbox"/> Law	<input type="checkbox"/> MBA	
		<input type="checkbox"/> Atkinson	<input type="checkbox"/> PMBA	<input type="checkbox"/> Aspire
SSN	Student ID #	Type of student		

- COST OF LIVING:** Complete worksheet on back. This must be completed every academic year.
- 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: _____

Continued on Reverse

COST OF LIVING ADJUSTMENT

Please list the people in your household and their ages:

Full Name	Age	Relationship

Please enter the amount you pay PER MONTH for the following expenses:

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

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

Signature

Date