

Office of Financial Aid

2020-2021 GRADUATE STUDENT BUDGET ADJUSTMENT FORM

Note: The information reported on this form applies to the 2020-2021 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. This form must be submitted to the Office of Financial Aid at least one (1) week prior to the last day of finals for the term in which you are requesting funds.

Name				
Address		City	State	Zip Code
Phone (home)	Email		Summer 20	Fall 20
Student ID #	Semester(s) for which the adjustment is requested			
			Spring 21	

- COST OF LIVING: Maximum benefit is \$20,500 per academic year.** Complete worksheet below. Your base financial aid budget assumes that you have living expenses of \$1909 per month for the months during which you are in school (Law/Atkinson—9 months, PMBA—12 months). Please note that living expenses will be divided equally for households with more than one adult (spouse or roommate) based on federal limitations on what costs can be considered as educational expenses.

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, car loan 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	
Garbage	
Phone	
Internet	
Renter's/Home Owners Insurance	
Food (\$250 per person max)	
Gasoline	
Car Insurance	
Other— Please list type:	

Continued on Reverse - Signature Required

- RELOCATION EXPENSES:** (Applies only to first year students whose move occurs during July and August, maximum benefit is \$2000)

Attach copies of receipts for moving related expenses (food, hotel, gas, moving van, 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

- Bar Test Fees:** MPRE and bar test fees (one state only) incurred during the academic year can be included for 3L students
Attach copies of statement showing fees paid.

- COMPUTER PURCHASE:** (Maximum benefit is \$2250 per academic program)
Attach copies of itemized purchase receipts or quote.

- EMERGENCY AUTO REPAIRS:** Maximum benefit of \$3000 per academic year (Routine maintenance care does not qualify as an emergency auto repair.)
Attach receipts for expenses incurred since the beginning of the current academic year.

- OUT OF POCKET MEDICAL / DENTAL EXPENSES:** (Maximum benefit is \$7000 per academic year)
Attach receipts for expenses incurred since the beginning of the current 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.

- STUDENT HEALTH INSURANCE:**
If you kept the University health insurance, an adjustment is available to increase loan funds.

- COMMUTING EXPENSES:** (To qualify you must travel more than 50 miles round-trip to Willamette University)
Summer: Daily round-trip mileage to Willamette: _____ Days per week you will commute: _____
Fall: Daily round-trip mileage to Willamette: _____ Days per week you will commute: _____
Spring: 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 further understand that NO adjustments may be made after a semester ends and that this form must be submitted to the Office of Financial Aid at least one week prior to the last day of finals for the term in which I am requesting funds.

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

Signature

Date