MOORPARK · OXNARD · VENTURA
FINANCIAL AID OFFICE

BUDGET ADJUSTMENT FORM

_____   _____

STUDENT'S NAME   STUDENT ID #

CHANGE IN ENROLLMENT

Students complete this section to request a cancellation of financial aid for a specific term. Please mark all terms that apply.

I do not wish to receive financial aid at your school for the following term(s):   ☐ FALL _____   ☐ SPRING _____   ☐ SUMMER _____

Reason: ☐ I am not attending.   ☐ I am accepting/receiving financial aid at another college.   ☐ Interested in CCPG only

☐ Due to new U.S. Department of Education regulations, I understand that I have limited Pell Grant lifetime eligibility and understand that I will not be eligible to receive a Pell Grant once I reach 600% *(12 full-time semesters or its equivalent)* lifetime limits, regardless of income, appeal status, etc. Because of these limits, I wish to defer my Pell Grant eligibility and **do not wish to accept a Pell Grant for attendance at Ventura County Community College District for the above term(s).** Furthermore, by choosing to defer my Pell Grant, I understand that I will not be eligible to receive a Federal Supplemental Educational Opportunity Grant *(FSEOG)* even if I meet all other criteria for this fund. Also, I understand that there is no guarantee that I will have eligibility for a Pell Grant in future years, as I will be required to complete a FAFSA each year and meet all eligibility requirements for that year.

SCHOLARSHIP INFORMATION

Students must notify the Financial Aid Office of all benefits/resources received. Indicate the name of the scholarship, semester, and amount.

Scholarship(s)   FA: _____   SP: _____   SU: _____

Organization :_____ $_____ $_____ $_____

Organization :_____ $_____ $_____ $_____

Organization :_____ $_____ $_____ $_____

COMPUTER EXPENSE

Computer costs will be reviewed case by case with appropriate documentation *(e.g. receipt)* in accordance with federal regulations.

Date of Purchase: _____ *(MMDDYY)*   Computer Purchase Price: $_____

CHANGE IN HOUSING

Proof required. Attach rental agreement and receipts.

Effective: _____ *(MMDDYY)*, I am living: ☐ With Parents, without dependents   ☐ Off Campus *(all others)*

DEPENDENT CARE EXPENSES

Attach proof of dependent care expenses paid by you *(e.g. receipts, tuition statement)*. Attach another sheet if more than one dependent.

I certify that I pay $_____ per month to _____
                                                                                      (Name of dependent care facility/child care agency/babysitter)

_____
(Name of dependent)   *(Age)*

SIGNATURES

The person signing this form certifies that all the information reported on it is complete and correct.

_____   _____

STUDENT SIGNATURE   DATE

FOR OFFICE USE ONLY ☐ Approved   ☐ Denied   By: _____ Date:_____