

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.

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 Supplemental Educational Opportunity Grant (SEOG) 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.

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 Off Campus (Not with parents)

DEPENDENT CARE EXPENSES

Proof required. Attach proof of dependent care expenses paid by you (e.g. receipts, tuition/payments statement).

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

Dependent Care expenses are paid by me for dependent(s) listed below (*attach sheet for additional dependents*):

(Name of dependent 1) (Age)

(Name of dependent 2) (Age)

(Name of dependent 3) (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: _____