

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

BUDGET ADJUSTMENT FORM

Name: _____ SSN/ID: _____

CHANGE IN ENROLLMENT (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 considered on a case by case basis with appropriate documentation (e.g. receipt) in accordance with federal regulations.

Date of Purchase: ____/____/____ Computer Cost Paid: \$_____

CHANGE IN HOUSING. Proof required. Attach rental agreement and receipts

Effective, ____/____/____ I am living: ☐ With Parents ☐ Off Campus (Not with parents)

DEPENDENT CARE EXPENSES. Proof required. Attach proof of dependent care expenses paid by you

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)

Scholarship(s)

Fall

Spring

Summer

Organization : _____ \$ _____ \$ _____ \$ _____

Organization : _____ \$ _____ \$ _____ \$ _____

Organization : _____ \$ _____ \$ _____ \$ _____

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

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY ☐ Approved ☐ Denied

By: _____ Date: _____