

Financial Aid

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520

P: 509.574.6855 • Fax: 509.574.4740 • finaid@yvcc.edu • www.yvcc.edu

	2024-2025 Bud	iget kevision	Request
Last Name	First Name	M.I.	ctcLink ID
Home Phone	Cell Phone		Email Address
OUTCOME REQUESTED:			
	Direct Stafford Loan Form to fund the	se additional costs.	
_	rce to fund these additional costs.		
☐ This increase will offset/r	reduce my over award of financial aid.		
establish eligibility for finance expenses for Direct Loan or some cases, expenses may reon your Student Portal. Increthe request form so that it comes are the request form so the reques	ial aid. If you have additional expenses self-help eligibility. Budget adjustments all expenses with increased federal loan educe or eliminate aid overpayments. The ases to Cost of Attendance (COA) do no	that you feel should also do not affect grant fundi s (if the student has rema ne results of your request- t always lead to additiona roved. You are responsib	nd board, transportation, and personal expenses to be included, you may request consideration of those ing and are processed only after grants are awarded. In the second of the second
Please note:			
 The expenses must be the student's educationally-related expenses for the current award period. 			
You must attach documentation for any costs for which you are seeking a budget increase.			
•	mentation will be denied.	la la casa da da sa casala casa	
 Allow at least three to four weeks for review. Reviewal may take longer during peak processing times (at the start or end of the quarter). Limit to two requests per year. After the first approval, additional requests may be held and processed only for last planned quarter of the 			
year.	er year. Arter the mist approval, additi	onal requests may be her	d and processed only for last planned quarter of the
		PLY. ADD YOUR IN	EFULLY AND PROVIDE REQUIRED ITIALS NEXT TO THE BOXES TO SHOW E SUBMITTED.
☐ Increased tuition/fees co	sts: I am taking more than 15 units thi	s quarter. INITIALS:	
☐ I have books and/or supp	oly costs this quarter exceeding \$176. I	NITIALS:	
☐ I have paid or am paying I	medical/dental expenses not covered	by insurance. INITIALS:	_
☐ I am claiming a one-time-	only adjustment for purchasing perso	nal computer hardware a	nd/or software for educational purposes.
☐ My rent/mortgage payme	ent exceeds \$1406 per month. INITIALS:		
☐ I commute miles e	ach way, days a week to attend	classes for these quarters:	: INITIALS:
☐ I have on-going expenses	related to a documented disability tha	t I paid out-of-pocket.	
☐ I have child care expense	s that are not covered by child care sub	osidies for these quarters:	INITIALS:
	expenses that do not meet the categor at of attendance. INITIALS:	ies listed above, but I wou	uld like to have them reviewed by the Financial Aid
CERTIFICATION			
and accurate to the best of my k		f that my information is corre	formation I have provided to YVC's Financial Aid Office is true ect. I understand that if I purposely give false or misleading I may lose eligibility for aid.
Signature:			Date:
J			



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INSTRUCTIONS AND REQUIRED DOCUMENTATION FOR ADJUSTMENTS – 2024-2025

Read this section carefully—YOU are responsible for providing, organizing and making your own photocopies of the required documentation. Documents submitted are NOT returned and become part of your student records. The Financial Aid Office will notify you of the outcome of the request; documents are not summarized or returned.

• Increased tuition/fees costs:

 Considered only if you are enrolled in more than 15 units or you are enrolled in programs with higher tuition costs (applied baccalaureate programs) that were not recognized at the beginning of the award period. Attach a copy of your schedule with the charges displayed.

Books and/or supply costs:

- Copies of receipts showing expenses exceeding \$176 for the quarter are required. You must also attach a syllabus or statement from the instructor to show that the books and supplies are required.
- o For programs requiring a large purchase of supplies or equipment (e.g. automotive tools), attach a cost sheet from the program and be sure that Registration shows that you are a student in that program.

Medical/Dental expense:

- Provide documentation of your actual expenses not covered by insurance that you paid out-of-pocket or will pay during this school year.
- You may include documentation of health insurance premiums for yourself only.
- We can only consider the amount that exceeds the medical allowance built into the federal financial aid formula. (This will be determined by financial aid staff at the time your request is processed.)
- Your documentation must identify the expense, to whom payment was made, the dates the expense was incurred and paid. The
 documentation must be well organized; we will not organize receipts and bills for you.
- Copies of documentation (DO NOT SUBMIT ORIGINALS; THEY WILL NOT BE RETURNED) are required.

• Personal computer expense:

- You may request a one-time only adjustment for purchase of computer hardware and/or software to support your educational program. The approved increase will not exceed \$1200. ONLY ONE COMPUTER EXPENSE REQUEST WILL BE ACCEPTED.
- Attach a copy of an itemized receipt or an estimate of the purchase.

Rent/mortgage expense:

- Attach a copy of your lease or mortgage statement. Only your portion of the housing will be considered.
- Rental/Mortgage payments above \$1406 per month will be considered but cannot exceed \$1772.

Commuting expense:

o If your commute exceeds 32 miles round trip, attach a printout from an online trip planner/mileage calculator to your request. Mileage beyond 32 miles round trip will be calculated at 0.67 per mile.

Documented disability expense:

Attach receipts and a personal statement regarding goods and services to accommodate your disability.

Child care expense:

- Child care may be considered for dependent children that live with you and are 12 years of age or younger.
- o Provide a list of children's names, ages, and monthly child care costs for each child.
- Attach a letter or statement from the child care provider with the schedule or hours of care provided per week and the amount charged. Rates must reflect reasonable costs for your area.
- Attach information about any subsidy you receive to help pay child care costs. If both parents are students, only one parent may request a budget revision for child care costs.

OTHER expenses:

 I have additional expenses that do not meet the categories listed above, but I would like to have them reviewed by the Financial Aid Office for inclusion in my cost of attendance.