Student Name_____ **ID**_____

Email:_____

Las Positas College Financial Aid Office
2008-2009 REQUEST FOR FINANCIAL AID
INCOME OR BUDGET ADJUSTMENT

A. Reason *(CHECK ONE):*

1. **[ ] Dependent Student's Parent attends college at least halftime.**
   Attach documentation of parent's enrollment for 2008-2009, and parent's 2008-2009 Cost of Attendance or award letter from their college.

   Name of Parent_____

   College attending_____

   Social Security number_____

2. **[ ] Computer Costs** ***Estimated amount per school year*** **$_____**
   Documentation must be attached.

3. **[ ] Disability-related Costs** ***Estimated amount per school year*** **$_____**
   Documentation must be attached.

4. **[ ] Child Care Expenses** ***Estimated amount per school year*** **$_____**
   Child Care Verification must be attached**.**

5. **[ ] Other** ***Estimated amount per school year*** **$_____**

B. EXPLANATION:

_____
_____
_____
_____
_____
_____
_____
_____

Student Signature_____ Date_____

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Do not write below this line. For office use only

*The following Professional Judgement Adjustments were made:*_____
_____

FAO Signature_____ Date_____