



**BUDGET ADJUSTMENT /  
APPLICATION REVIEW FORM**

**2008-2009**

Office of Financial Aid  
Broadway Research Building  
733 North Broadway, Suite 137  
Baltimore, MD 21205  
410-955-1324 Telephone  
410-955-0544 Fax  
Email: [finaid@jhmi.edu](mailto:finaid@jhmi.edu)  
<http://www.hopkinsmedicine.org/som/offices/finaid/index.html>

**Complete this form for reevaluation of your financial aid application status or budget adjustment request. Adjustments to your application does not guarantee immediate award funding. Additional award increases will be based on remaining federal and institutional budget levels.  
(Allow 10 to 15 business days for processing. Students will be notified of status.)**

**Student Information: (Please Print)**

_____	_____	_____	
Last Name	First Name	SSN/ID	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	
Primary Phone (home, cell or work)	Email Address	Program	

**Check all that apply and complete appropriate section. (Please note: all documentation must be received with the judgment request form before processing will begin).**

A. \_\_\_\_\_ **Income Reduction**

If you and/or your spouse has stopped working or had a change in employment, complete section A.

**Note: Income adjustment changes will be updated to both your FAFSA and Need Access applications which may affect both your federal and institutional funding.**

B. \_\_\_\_\_ **Family Expense**

If you have dependents that you support, complete section B.

C. \_\_\_\_\_ **Budget Increase (non family related)**

If you have **education related expenses** which total more than those allotted in your current student budget (cost of attendance) or are not reflected in the budget, complete section C.

D. \_\_\_\_\_ **Other**

If you feel that your situation may require a review of your financial aid status but does not meet any of the above criteria, attach a letter of explanation and any supporting documentation.

**Professional Judgment Request Decision:**

You will be notified via written correspondence of the decision in regard to your professional judgment request within two weeks of submitting all required documentation. Please note:

- Failure to submit all required documents will result in a delay in the processing of your professional judgment request.
- A professional judgment budget increase request **does not** guarantee an immediate award adjustment if approved.
- A professional judgment request that does not affect your aid or eligibility will not be processed. (Ex., student has remaining need that has not been met)

**Office Use Only**

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
Signature, Financial Aid Staff

\_\_\_\_\_  
Date

**Section A  
Income Reduction**

An income adjustment due to change in employment will not be processed until **after** the change in employment has taken place.

When did you/your spouse/your parent(s) change in employment occur? \_\_\_\_\_

Briefly, summarize the circumstances for the change in employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You are required to submit the following documents with this form to the Student Financial Aid Office:

Signed and dated letter from your employer verifying the date of the change in employment – the letter must be dated **after** the change in employment

Signed and dated 2005 federal income tax document (both student and spouse if married)

Copy of last pay stub and, if applicable, current pay stub

Any other documentation necessary as requested by the Student Financial Aid Office

**Section B  
Family Expense**

The budget that we assign each student is that of a single independent student with no dependents. If a student has a family and/or dependents that he/she supports. You are required to submit the following documents with this form to the Student Financial Aid Office

2005 Federal Income Tax document(s)

Daycare expenses (if applicable)

Healthcare expenses not covered by insurance (if applicable)

Any other documentation of expenses you would like to have considered as additions to your budget

You are required to provide an itemized list and provide documentation of these expenses. Submit this form, with your documentation, to the Student Financial Aid Office.

**Section C  
Budget Increase (non family related)**

The budget that we assign each student is reflective of the tuition and fees paid to JHU, as well as costs for living expenses, transportation, books and supplies, etc. If you have extraordinary expenses that are related to your cost of education, these expenses may be added to your budget. The following are examples of expenses that may be added:

Medical/dental expenses not covered by insurance

Living expenses greater than those allowed by your budget

Extended family support

Purchase of a computer/laptop/required equipment for your program

You are required to provide an itemized list and provide documentation of these expenses. Submit this form, with your documentation, to the Student Financial Aid Office.

**Section D  
Other Circumstances**

Follow instructions from page one.

**Please read and sign below:**

*I declare the information and documentation I am providing to be true and correct to the best of my knowledge.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**JOHNS HOPKINS**  
M E D I C I N E

SCHOOL OF MEDICINE

**BUDGET INCREASE APPLICATION**

**2008-2009**

Office of Financial Aid  
Broadway Research Building  
733 North Broadway, Suite 137  
Baltimore, MD 21205  
410-955-1324 Telephone  
410-955-0544 Fax  
Email: [finaid@jhmi.edu](mailto:finaid@jhmi.edu)  
<http://www.hopkinsmedicine.org/som/offices/finaid/index.html>

\_\_\_\_\_  
Name (Please Print) Identification Number

\_\_\_\_\_  
JHMI Email Address Alternate Email Address

With how many people do you share living expenses? \_\_\_\_\_

Reason for budget increase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List expenses for which you are applying to receive a budget increase.

TYPE OF EXPENSE	NAME OF ENTITY (IE. BANK NAME, BGE, VERIZON)	MONTHLY COST or TOTAL IF ONE TIME COST	FIN AID APPROVAL (office use only)
Rent/Mortgage		\$	
Telephone		\$	
Cell Phone		\$	
Internet		\$	
Water/Sewage		\$	
Gas/Electric		\$	
Other Utility		\$	
Car Repair		\$	
Childcare		\$	
Medical/Dental/Eye		\$	
Computer		\$	
Other		\$	