

REQUEST FOR REVIEW OF FINANCIAL AID AWARD  
2018-19



Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

If you have unusual circumstances, please complete this form and submit it to our office with the specified documentation. Please complete the section(s) that most closely describe(s) your unusual circumstances. Completion of this form does not guarantee an adjustment to the student's financial aid package.

For all circumstances, **you must submit a signed copy of the parent and student 2016 federal tax returns with all W-2 forms.** Return this completed form with additional documentation specified to the Financial Aid Office.

**Unusual Medical/Dental Expenses**

Amount you/your parents anticipate for medical/dental bills in 2018-19 that will not be reimbursed by insurance: \$ \_\_\_\_\_

**Documentation:** Estimated cost from your insurance company/doctor.

**Elementary/Secondary Education Paid For Siblings with diagnosed medical needs**

Will you or your parents pay elementary/secondary education expenses in 2018-19 for your sibling(s)?  Yes  No

Provide the following information for each family member who will receive such support (attach additional paper, if necessary):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Elementary/Secondary tuition expenses for 2018-19: \$ \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Elementary/Secondary tuition expenses for 2018-19: \$ \_\_\_\_\_ School: \_\_\_\_\_

**Documentation:** Tuition statements and payment receipts

**Parental/Sibling Education Debt**

Are your parents currently paying student loans for their education or for siblings who are no longer attending college?

Amount: \$ \_\_\_\_\_ (Do not include loans borrowed for your education)

**Provide the following information:** Current monthly payment: \$ \_\_\_\_\_

**Documentation:** Receipts or payment summary from company or agency to which money is owed.

**Income Reduction**

Will the income, of the parent who completed the FAFSA, be significantly less in calendar year 2018?  Yes  No

If yes, check the appropriate reason below:

Unemployment or change in employment       Divorce/separation       Death of parent       Disability of parent

Other \_\_\_\_\_

**Provide the following anticipated information for Jan. 1 – Dec. 31, 2018:**

Wages, salaries, tips for Parent 1: \$ \_\_\_\_\_

Wages, salaries, tips for Parent 2: \$ \_\_\_\_\_

Interest income: \$ \_\_\_\_\_

Dividend income: \$ \_\_\_\_\_

Net income (or loss) from business, farm, rents, estates, etc.: \$ \_\_\_\_\_

Other taxable income such as unemployment compensation, etc.: \$ \_\_\_\_\_

Untaxed income and benefits such as social security: \$ \_\_\_\_\_

Other income such as child support: \$ \_\_\_\_\_

Anticipated outside contribution towards education:  
(Non-custodial parent, grandparent, etc.) \$ \_\_\_\_\_

Sibling enrolled in another college/university:

Name of college/university: \_\_\_\_\_

Cost of attendance: \$ \_\_\_\_\_

Total anticipated income for 2018: \$ \_\_\_\_\_

**Documentation:** Letter providing details of your situation including time frame for your circumstances, any available documentation used to determine anticipated income and/or copy of lay-off or termination letter, etc.

**Other Circumstances Not Included Here**

**Documentation: Please attach a letter explaining the details of your situation; please be as specific as possible.**

**Certification:**

We affirm that the information contained on this form and in supporting documentation is true and complete to the best of our knowledge. Upon request, we will provide additional documentation to substantiate the information given.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_