

REQUEST FOR REVIEW OF FINANCIAL AID AWARD
2019-20



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 2017 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 2019-20 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 2019-20 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 2019-20: \$ _____ School: _____

Name: _____ Age: _____

Elementary/Secondary tuition expenses for 2019-20: \$ _____ 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 2019? 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, 2019:

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 2019: \$ _____

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 _____

**Earlham College Financial Aid Office • Tyler Hall, Room 223
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765-983-1217 • FAX: 765-983-1299 • finaid@earlham.edu**

Earlham College reaffirms its commitment, in all its activities and processes, to treat all people equally, without concern for age, gender, sexual orientation, race, nationality or ethnic origin.