



REQUEST FOR REVIEW OF FINANCIAL AID AWARD

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 2024 federal tax returns with all W-2 forms. Return this completed form with additional documentation specified to the Financial Aid Office.

Please note: any requests for review that do not include the required documentation will be considered invalid and will be ineligible for review.

Student Name

Student ID Number

Please print or type

☐ **UNUSUAL MEDICAL /DENTAL EXPENSES**

Amount you/your parents anticipate for medical/dental bills in 2025-26 that will not be reimbursed by insurance.

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

☐ **ELEMENTARY/SECONDARY EDUCATION PAID FOR SIBLINGS W/ DIAGNOSED MEDICAL NEEDS** Will you or your parents pay elementary/secondary education expenses in 2025-26 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	School	Tuition expenses for 2025-26:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>

Required 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?

Do not include loans borrowed for your education

☐ Yes ☐ No

Amount

Current monthly payment

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



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☐ **INCOME REDUCTION**

Is the income of the parent(s) who completed the FAFSA significantly less in calendar year 2024 than it was in 2023?

☐ Yes ☐ No

If yes, check the appropriate reason below

☐ Unemployment or changes in employment ☐ Divorce/separation ☐ Death of parent ☐ Disability of parent

Provide the following anticipated information for Jan. 1 - Dec. 31, 2025:

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? ☐ Yes ☐ No

Name of college/university

Cost of attendance

\$

Required 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.

Total anticipated income for 2025

\$

☐ **OTHER CIRCUMSTANCES NOT INCLUDED HERE**

Required 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.

Parent Signature

Date

Student Signature

Date



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SUBMISSION CHECKLIST

Please use this checklist to make sure all of the required documentation has been submitted.

- | | |
|---|--------------------------------|
| Request for Review of Financial Aid for Review form | <input type="radio"/> Required |
| Signed copy of parent's 2024 tax return | <input type="radio"/> Required |
| Copy of parent's 2024 W-2's | <input type="radio"/> Required |
| Signed copy of student's 2024 tax return | <input type="radio"/> Required |
| Copy of student's 2024 W-2 | <input type="radio"/> Required |

UNUSUAL MEDICAL EXPENSES

- | | |
|---|--------------------------------|
| Estimated cost from your insurance company/doctor | <input type="radio"/> Required |
|---|--------------------------------|

ELEMENTARY/SECONDARY EDUCATION PAID FOR SIBLINGS W/ DIAGNOSED MEDICAL NEEDS

- | | |
|---|--------------------------------|
| Tuition statements and payment receipts | <input type="radio"/> Required |
|---|--------------------------------|

PARENTAL/SIBLING EDUCATIONAL DEBT

- | | |
|---|--------------------------------|
| Receipts or payment summary from company or agency to which money is owed | <input type="radio"/> Required |
|---|--------------------------------|

INCOME REDUCTION

- | | |
|--|--------------------------------|
| Letter providing details of your situation including the time frame for your circumstances and any available documentation used to determine anticipated income and/or copy of lay-off or termination letter, etc. | <input type="radio"/> Required |
|--|--------------------------------|

OTHER CIRCUMSTANCES NOT INCLUDED HERE

- | | |
|--|--------------------------------|
| A letter explaining the details of your situation that is as specific as possible. | <input type="radio"/> Required |
|--|--------------------------------|