

REQUEST FOR REVIEW OF FINANCIAL AID AWARD 2011-2012

Please print clearly.

Student Name (last, first, m.):	ID# (required):	
Student Email Address:	Campus Box #:	
Parent Email Address:	Parent Phone:	
Party Requesting Review:	<input type="checkbox"/> Student <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Parent <input type="checkbox"/> Non-custodial Parent	

Students and/or parents may request a review of the financial aid award if there has been a significant change in family circumstances since filing the application for financial aid or if the information on the original application was inaccurate. Examples of circumstances that may be considered are total loss of employment by either parent for at least 12 weeks, extraordinary medical expenses, death or disability of either parent, or other non-discretionary family expenses.

NOTE: No increase in grant aid may be authorized for students who choose not to borrow the loans suggested in their award letter. Aid decisions will not be adjusted if the information on the original application has not changed, if an award has been reduced due to a substantial increase in family income and/or assets from a prior year, if fewer children are enrolled in college, or for changes in the grant/loan "mix" based on class level.

Adjustments to the family contribution are made according to the pertinent regulations and policies of federal, state and college programs. Every effort is made to be sensitive to changes in family circumstances but there are limits to our flexibility in addressing these issues. Both federal regulations and College policy require that adjustments to family financial information be documented. Please attach appropriate documentation to this form. Student Financial Services staff may request additional information to document changes to family circumstances. Failure to provide this information will cause the review to be denied. If you are unsure about what documentation is required, contact Student Financial Services.

Reviews must be requested on this form and all decisions will be sent directly to the student by letter or email. Review Request processing begins after August 15, 2011. Requests received after December 15, 2011 are not guaranteed consideration for the 2011-2012 academic year.

I/we understand the conditions governing the review process. I/we certify that the information provided herein is accurate.

_____	_____	_____
Student's signature	Parent's signature	Parent's signature
_____	_____	_____
Date	Date	Date

A. EXPENSES OR CHANGES OUTSIDE OF INCOME

If there have been major changes in expenses beyond the family's control since the CSS PROFILE was completed, please explain in Section D. Examples of expenses that will affect the family contribution include, but are not limited to, unreimbursed medical expenses, uninsured losses, death of a parent or spouse, and funeral expenses. Any circumstances that have a significant effect on family financial resources may be included.

Itemize types of expenses and attach documentation pertinent to your situation and/or as indicated below:

Unusually high, un-reimbursed medical/dental expenses (i.e., not covered by insurance or other party):

- List of medical/dental/prescription expenses not covered by insurance (with dates)

Separation or divorce of parents since applying for financial aid:

- Documentation of separation or divorce (including date of said action)
- Statement indicating which parent will be providing more than 50% of your support

Death of a parent since applying for financial aid:

- Date of death
- Life insurance amounts and beneficiaries
- Estate debts and funeral expenses

Rdr_____	Rvr_____
LFE_____	Bks_____

B. HOUSEHOLD CHANGES

If the number of family members dependent upon parents for support or the number of children enrolled in private school or college has changed since the submission/completion of the CSS Profile, explain below, giving the name and age of each family member, the schools they will attend at least half-time in 2011-2012 and your expected contribution.

Name of Student	Age	School Attending	Expected Family Contribution
			\$
			\$
			\$
			\$
			\$

C. INCOME CHANGES

Awards for the 2011-2012 academic year are based on 2010 income. If total income for 2011 will be significantly different, complete this section. 2012 estimated income is requested for informational purposes only. We cannot adjust a student award based on an expected reduction in 2012 income.

Type of Income	2011 Expected	2012 Estimated
Wages or Salary – Mother <i>name:</i>	\$	\$
Wages or Salary – Stepmother <i>name:</i>	\$	\$
Wages or Salary – Father <i>name:</i>	\$	\$
Wages or Salary – Stepfather <i>name:</i>	\$	\$
Interest and Dividends	\$	\$
Unemployment Compensation \$ _____ wk, for ___ wks <i>for whom:</i>	\$	\$
Severance Pay <i>for whom:</i>	\$	\$
Other taxable income <i>type:</i>	\$	\$
Pension	\$	\$
Worker's Compensation Benefits	\$	\$
Child Support Received	\$	\$
Other Non-taxable Income <i>type:</i>	\$	\$
Taxable Income – Student <i>type:</i>	\$	\$
Taxable Income – Spouse <i>type:</i>	\$	\$
Non-Taxable Income – Student <i>type:</i>	\$	\$
Non-Taxable Income – Spouse <i>type:</i>	\$	\$

Explain in Section D or an attachment the reasons for the noted changes (*unemployment, employee layoffs, strikes, etc.*).

Itemize types of expenses and attach documentation pertinent to your situation and/or as indicated below:

For Loss of Job or Earned Income

- Letter of termination (occurred at least 12 weeks ago)
- Last pay stub from former employment
- Statement of unemployment benefits, include amount and period of eligibility
- Statement of severance pay or pension distribution
- Other (explain)

For Loss of Untaxed Income or Benefits

- Notice of termination of disability, social security, worker's compensation
- Notice of termination of child support
- Statement noting the amount of Social Security benefits each member of the household will receive in 2010
- Other (explain)

D. ADDITIONAL INFORMATION / EXPLANATIONS

Please provide a statement (signed and dated) in response to any of the Sections above that gives your perspective on why your family contribution should be reduced. Provide appropriate documents to support your request. You may use the area below or attach additional pages. If you attach pages, be sure to note the student's name and ID# on each page.