

# 2019–2020 financial aid adjustment request (professional judgement)

## I - Student information

First name \_\_\_\_\_ Last name \_\_\_\_\_  
Middle name \_\_\_\_\_ Social security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## II - Request for re-evaluation

I request re-evaluation of my financial award application for this academic year based upon the following circumstances:

### \_\_\_ a. Change: Size of household

- Add name \_\_\_\_\_  
 Delete name      Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Add name \_\_\_\_\_  
 Delete name      Name \_\_\_\_\_ Relationship \_\_\_\_\_

### \_\_\_ b. Change: Family members in college

- Add name \_\_\_\_\_  
 Delete name      Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Add name \_\_\_\_\_  
 Delete name      Name \_\_\_\_\_ Relationship \_\_\_\_\_

### \_\_\_ c. Loss of employment: Parent(s) or student/spouse expected yearly income for 2019 (Please attach documentation of loss of employment and expected income/benefits.)

	Parent	Student
Adjusted gross income	_____	_____
Estimated federal income tax to be paid	_____	_____
Expected income from work	father: _____	student: _____
Expected income from work	mother: _____	spouse: _____
Unemployment benefits	_____	_____
Other	_____	_____

### \_\_\_ d. Elementary/high school tuition and/or child care expenses paid for other children: (Please attach statement from school/child care facility showing monthly cost and number of months in school.)

Name of child	Name and phone # of school/facility	Amount paid in 2018
_____	_____	_____
_____	_____	_____
_____	_____	_____

### \_\_\_ e. Non-reimbursed medical expenses:

(Please attach documentation in chronological order including itemization sheet which shows the total non-reimbursed amount.) Provide a brief explanation:

Patient name and relationship to student \_\_\_\_\_

Comments

\_\_\_ f. **Other:** Please explain the change in your circumstances and attach appropriate documentation.

Comments

### III - Certification

I/We certify that the information submitted is correct to the best of my/our knowledge and understand that additional documentation may be requested. I/We authorize the Office of Student Financial Services at Union College to verify the information provided for this request. I/We understand that I/we will be notified within two weeks of the decision made by the Student Finance Committee and that their decision is final.

**Signatures:**

\_\_\_\_\_  
Student    Date    Spouse    Date

\_\_\_\_\_  
Father    Date    Mother    Date

### IV - Student Finance Committee use only

**Application complete**       Yes     No      Missing \_\_\_\_\_  
Requested \_\_\_\_\_ Date \_\_\_\_\_  
Received \_\_\_\_\_ Date \_\_\_\_\_

**Selected for verification**       Yes     No

**Decision**                               Approved     Denied

Comments

\_\_\_\_\_  
Director of Student Financial Services    Date

\_\_\_\_\_  
Student notified initial    Date