

2020–2021 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 2020 (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 2020-21
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

___ 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

