



DARE TO DO MORE

2016-2017 STUDENT RE-EVALUATION FORM

STUDENT'S NAME: _____

EMPID# _____

Student Financial Services will make every effort to assist you with an opportunity to request reconsideration of your financial aid package for the 2016-2017 academic year. Re-evaluation forms are accepted and processed on the basis of extenuating circumstances within the household. All of the following documents are required for reconsideration:

Independent Student

- ☐ 2016-2017 processed FAFSA must be on file in our system
- ☐ Letter explaining extenuating circumstance(s)
- ☐ 2016-2017 Re-Evaluation Form
- ☐ 2016-2017 Independent Verification Worksheet
- ☐ Student's 2015 IRS Tax Transcript and W2(s)
- ☐ Spouse's 2015 IRS Tax Transcript and W2(s)

Dependent Student

- ☐ 2016-2017 processed FAFSA must be on file in our system
- ☐ Letter explaining extenuating circumstance(s)
- ☐ 2016-2017 Re-Evaluation Form
- ☐ 2016-2017 Dependent Verification Worksheet
- ☐ Parents' 2015 IRS Tax Transcript(s) and W2(s)
- ☐ Student's 2015 IRS Tax Transcript and W2(s)

Please check the situation that applies to you and provide additional documentation based on your circumstance (see reverse side for listing of **required additional documentation**):

- ☐ Unreimbursed medical expenses in 2015.
- ☐ Loss of a student's/parent's income through separation, divorce or death.
- ☐ Decrease of family income, in calendar year 2016, due to loss of employment or disability (by a student/spouse/parent) student must be out of work for at least **ten weeks** before an appeal is submitted.
- ☐ Other circumstances not listed above: _____

(SEE REVERSE SIDE)

IN ADDITION TO THE REQUIRED ITEMS LISTED ON PAGE 1, YOU MUST PROVIDE ALL OF THE FOLLOWING ITEMS AS THEY PERTAIN TO YOUR FAMILY CIRCUMSTANCE:

Students'/Parents' Unreimbursed Medical Expenses

- ☐ Due to lack of complete medical coverage, the following is an estimate of 2015 medical expenses that were not reimbursed. \$ _____
- ☐ You must include the **“itemized section”** of student and/or parent 2015 federal tax returns which will show any unreimbursed medical expenses **or submit copies of all unreimbursed 2015 medical bills.**

Loss or Decrease of student/parent income

Complete the chart below:

	2015 Income - all sources	2016 Projected Income
Adjusted gross income	\$ _____	\$ _____
Student's income from work:	\$ _____	\$ _____
Spouse's income from work:	\$ _____	\$ _____
Parent's income from work:	\$ _____	\$ _____
Other income (If applicable)	\$ _____	\$ _____
Unemployment Benefits:	\$ _____	\$ _____
Disability Benefits:	\$ _____	\$ _____
Total Income – all sources	\$ _____	\$ _____

For loss of income due to loss of employment or disability attach:

- ☐ A copy of “Employment Letter” that notes the **last date of employment**
(This letter must be on company letterhead and signed by a company official)
- ☐ A copy of the last pay stub received.
- ☐ A copy of the Unemployment Benefits Statement (please clarify extent of time for which the benefit will be paid)
- ☐ A copy of disability benefits receipt (if unemployment is due to a disability).

For loss of income due to separation or divorce attach:

- ☐ A copy of the separation agreement or letter from attorney stating the earliest date of students' separation (if the separation is not yet legal, submit proof that student and spouse are living in separate domiciles), or a copy of the divorce decree.
- ☐ A copy of the last 4 paystubs or proof of income for 2016 year.

For loss of income due to death of spouse or parent attach:

- ☐ A copy of the death certificate of the deceased spouse or parent.

CERTIFICATION:

I (we) hereby attest that all the information/documentation is accurate to the best of my (our) knowledge. I understand that providing false or misleading information can jeopardize my financial aid eligibility.

Student's Signature

Date

Spouse's Signature (if applicable)

Date

Parent's Signature (Dep. Student Only)

Date

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.