



STUDENT NAME _____

ID NUMBER _____

Parent(s)/Stepparent(s) may use this form to request a review of student aid eligibility because of extenuating circumstances not addressed on your *2012-2013 Free Application for Federal Student Aid (FAFSA)*. Changes resulting from this review **do not** guarantee an increase in aid. Please allow **10-15** business days for processing after all the required documentation has been received. *Your request will not be considered without supporting documentation and required signatures.*

Below you will find examples of extenuating circumstances often submitted for review and the required documentation.

2012 REDUCTION OF INCOME (January 1st-December 31st)

(At least 10 weeks of unemployment or a 20% reduction in income since filing 2011 return.)

Please provide the following documentation:

- 2011 tax transcript
- W-2s and/or year-to-date pay stub
- Documentation of unemployment benefits (if applicable)
- Letter of explanation detailing your loss of income

	Parent 1	Parent 2
Names of Parents		
Estimated total gross income from work Include year to date pay and estimated future earnings	\$	\$
Other Taxable Income Alimony, dividend/interest income, unemployment compensation, investment	\$	\$
Nontaxable Income Pensions, annuities, TANF, or child support received	\$	\$

2012 UNUSUAL MEDICAL and/or DENTAL EXPENSES (January 1st-December 31st)

(All bills paid by parent/student that are not covered by insurance)

Please provide the following documentation:

- An itemized list of expenses claimed
- Copies of receipts for expenses from Hospitals/Clinics/Doctor's Office
- Letter of explanation detailing your paid and/or projected expenses

	Paid:	Projected:
Out of pocket medical expenses (if applicable)	\$	\$
Out of pocket dental expenses (if applicable)	\$	\$

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PRIVATE ELEMENTARY or HIGH SCHOOL TUITION

(Tuition expenses incurred by dependent children that are attending private school during 2012-2013 academic years)

Please provide the following documentation:

- Copy of tuition bill, annual agreement, or contract
- Amount of financial aid received from school (if applicable)

Name of private school(s):	Name of Student(s):	Tuition Amount(s):

2012 EXTENDED FAMILY SUPPORT (January 1st-December 31st)

(Monthly out of pocket expenses paid towards the care of an extended family member)

Please attach a letter of explanation, including the following:

- Name, age, relationship of relative(s) and month the support began/expected date support will end.

DIVORCE – SEPARATION- DEATH OF SPOUSE

Please attach a letter of explanation, including the following:

- Date of divorce/separation/death of spouse, if it occurred *after* filing the 12-13 FAFSA
- 2011 tax transcript and W-2s for both parents
- Documentation of separate residences (e.g. copy of utility bills)
- List current household members, relationship, age, monthly child support and alimony that will be received in 2012

2012 PARENT REVIEW POLICIES:

- Reviews will only be considered one time prior to the beginning of each semester.
- Students requesting a review are expected to borrow the student loans that are offered on the initial award. Students that decline their student loans will not be granted review consideration.
- We do not consider financial aid offers from other schools in our review.
- Reviews may not result in the addition of scholarships or grants but students may receive assistance in the form of additional student and/or parent loans.
- Reviews are determined on an annual basis and will not carry over to future years.

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT UNDERESTIMATING PROJECTED INCOME COULD RESULT IN REDUCED ELIGIBILITY AND/OR REPAYMENT OF AID AND/OR DENIAL OF FUTURE REVIEWS/APPEALS.

PARENT SIGNATURE

DATE

PARENT NAME (PLEASE PRINT)

PARENT PHONE

PARENT EMAIL