



In cases where 2017 family income is expected to be substantially less than 2016 income, or if you have a special circumstance we should take under advisement, you may request a review of family contribution and financial aid eligibility. All decisions are final and will be directly communicated to the student.

Student's Name \_\_\_\_\_ Banner ID Number \_\_\_\_\_

**Step 1 – Reasons for Review of Financial Aid Eligibility**

Please review and **check box** for reason in review of financial aid eligibility below. Documentation listed is required to process your request.

<i>Reason</i>	<i>Dependent Student</i>	<i>Independent Student</i>	<i>Required Documentation</i>
<input type="checkbox"/> <b>Loss of Employment/ Loss of Benefits</b>	You or your parent(s) were employed in 2016, but are now unemployed or under employed. You or your parents received unemployment compensation or other untaxed income in 2016 and have had a complete loss of those benefits in 2017.	You or your spouse (if married) were employed in 2016, but are now unemployed or under employed. You or your spouse (if married) received unemployment compensation or other untaxed income in 2016 and have had a complete loss of those benefits in 2017.	<ul style="list-style-type: none"> <li>✓ Termination/Change of Employment statement from employer on letterhead (<i>needs to indicate date of status change</i>)</li> <li>✓ Unemployment award letter (<i>if applicable</i>)</li> <li>✓ 2017 Federal IRS Tax Return</li> <li>✓ Letter of explanation (benefit loss)</li> </ul>
<input type="checkbox"/> <b>Disability or Natural Disaster</b>	You or your parent(s) earned money in 2016, have been unable to pursue normal income-producing activities during 2017 due to disability or natural disaster.	You or your spouse (if married) earned money in 2016, have been unable to pursue normal income-producing activities during 2017 due to disability or natural disaster.	<ul style="list-style-type: none"> <li>✓ Physician's statement on letterhead or written description of natural disaster/disability</li> <li>✓ Current or last pay stub of benefits (<i>disability or unemployment</i>)</li> </ul>
<input type="checkbox"/> <b>One-time Payment Received</b>	Your parents received a one-time lump sum payment of monies in 2016.	You (and your spouse) received a one-time lump sum payment of monies in 2016.	<ul style="list-style-type: none"> <li>✓ 2017 Federal IRS Tax Return</li> <li>✓ Documents detailing one-time payment amount, source, reason</li> <li>✓ Documents detailing one-time payment was spent (banks statements, cancelled checks, etc.)</li> </ul>
<input type="checkbox"/> <b>Separation or Divorce</b>	Your parent(s) have become separated or divorced after you submitted your FAFSA application.	You have become separated or divorced after you submitted your FAFSA application.	<ul style="list-style-type: none"> <li>✓ Copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party describing the situation and date of divorce or separation</li> <li>✓ 2017 Federal IRS Tax Return</li> <li>✓ 2017 W-2 Wage Statements</li> </ul>
<input type="checkbox"/> <b>Death of Parent or Spouse</b>	Your parent(s) whose 2016 income was reported on your FAFSA application has died since you submitted your application.	Your spouse whose 2016 income was reported on your FAFSA application has died since you submitted your application.	<ul style="list-style-type: none"> <li>✓ Death Certificate</li> <li>✓ 2017 Federal IRS Tax Return</li> <li>✓ 2017 W-2 Wage Statements</li> </ul>
<input type="checkbox"/> <b>Other</b>	Reasons not listed on this form. Example: out of pocket paid high medical costs, marriage, etc.	Reasons not listed on this form. Example: out of pocket paid high medical costs, marriage, etc.	<ul style="list-style-type: none"> <li>✓ Any documentation proving these circumstances</li> </ul>

