



Request for Recalculation of Student Financial Aid Eligibility

If you or your family has experienced unusual circumstances (such as loss of employment or major medical expenses) that might affect your need for student financial aid, you may qualify for a "Recalculation of Student Financial Aid Eligibility." Return this completed form along with supporting documentation to the Financial Aid Office.

Student's Name Social Security Number Student ID number

Student's Address Preferred Phone Number

Academic Year Requesting: (Example: 2018-19)

Instructions: Please check the corresponding box for the condition(s) which apply to you or your family.

UNEMPLOYMENT: Student () Spouse () Father () Mother ()

Submit a letter or statement of explanation for the unemployment

Are you receiving unemployment benefits: Yes () No () Number of weeks likely to continue

*If answered "Yes", please provide copy of last paystub from working and copy of your benefits statement from the Unemployment Office.
**If answered "No", please provide copy of your last paystub, prior year tax documents, and/or w-2s for the current year, if applicable.

Last Date of Employment Company Name

Job Title Company Address

LOSS OF UNTAXED INCOME/BENEFIT: Student () Spouse () Father () Mother ()

* Child support documentation, alimony payments, etc. are acceptable forms of documentation.

Last date of Untaxed Income/Benefit Number of weeks likely to continue

Type of Untaxed Income/Benefit and reason for loss

UNUSUAL EXPENSES PAID: \$ Expenses were paid in 2016 () 2017 ()

* Copies of bills with receipts and statements are acceptable documentation.

Expenses were paid for Medical () Dental () Elementary/Secondary Tuition ()

(Report only the amounts for Medical and Dental expenses that were NOT covered by insurance.)

