Students, parents, and stepparents may use this form to request a review of student aid eligibility because of extenuating circumstances not addressed on the students 2016-2017 Free Application for Federal Student Aid (FAFSA). Changes resulting from this review do not guarantee an increase in gift 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.

Per federal regulation, FAFSAs selected for verification must be verified before special circumstances can be considered. For those not selected, complete 2015 tax information must be updated on the FAFSA before any review can take place.

Expenses such as car payments, consumer/credit card debt, high mortgage payments, matching other college/university offers, weddings, vacations, inability to liquidate assets, and/or other discretionary costs may not be considered. Adjustments to the Financial Aid Award will not be made to reflect these conditions.

Below you will find a list of extenuating circumstances often submitted for review and the required documentation. Complete the item in the list of circumstances below that best fits your circumstance and submit the additional required documentation listed.

**2016 REDUCTION OF INCOME (January 1st-December 31st)**
(At least 10 weeks of unemployment or a 20% reduction in income since filing 2015 return)

Please provide the following documentation:

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

<table>
<thead>
<tr>
<th>Parent’s or Student’s Name</th>
<th>Parent’s or Student’s Spouse’s Name</th>
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- **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
  - $  
  - $

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<thead>
<tr>
<th>Paid</th>
<th>Projected</th>
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**2016 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
- A copy of your Schedule A if you filed a tax return

<table>
<thead>
<tr>
<th>Out-of-pocket medical expenses (if applicable)</th>
<th>Paid</th>
<th>Projected</th>
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<table>
<thead>
<tr>
<th>Out-of-pocket dental expenses (if applicable)</th>
<th>Paid</th>
<th>Projected</th>
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PRIVATE ELEMENTARY or HIGH SCHOOL TUITION
(Tuition expenses incurred by dependent children that are attending private school during 2016-2017 academic years)
Please attach a letter of explanation, including the following:
  • Copy of tuition bill, annual agreement, or contract
  • Amount of financial aid received from school (if applicable)

<table>
<thead>
<tr>
<th>Name of private school(s)</th>
<th>Name of Student(s)</th>
<th>Tuition Amount(s)</th>
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2016 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.

2015 ONE TIME INCREASE IN ADJUSTED GROSS INCOME
(Including one time increase of IRA distributions or pensions)
Please attach a letter of explanation, including the following:
  • 2015 tax return transcript-these can be ordered at [www.IRS.gov](http://www.IRS.gov)
  • A letter of explanation about how the increase in AGI was used.

DIVORCE – SEPARATION – DEATH OF SPOUSE
Please attach a letter of explanation, including the following:
  • Date of divorce/separation/death of spouse.
  • 2015 tax return 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 2016

2016 REVIEW POLICIES:
  • Reviews will only be considered one time per semester.
  • Students requesting a review are expected to borrow the student loans that are offered on the initial award.
  • 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.
  • Additional documentation may be requested before the results of your review can be determined.

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.

STUDENT NAME          STUDENT SIGNATURE, required          DATE

PARENT NAME          PARENT SIGNATURE, for dependent students          DATE

(FERVEW)