



### **Instructions for Completing Reconsideration Form (PJ)**

The purpose of this form is to allow the student and/or parent(s) to submit information that will assist the Financial Aid Office in determining the student's eligibility for financial assistance. Documentation **in writing** of changes in financial circumstances resulting from one or more of the following conditions should be provided:

- **Divorce or separation;**
- **Retirement;**
- **Death of a family member;**
- **Natural disaster;**
- **Loss of employment, significant reduction in income or benefits;**
- **Illness or injury resulting in unusually high medical expenses not covered by insurance;**
- **Other circumstances that may have caused a loss of income.**

The information submitted on this form will be evaluated to determine if allowable adjustments can be made in order to present a more realistic picture of the family's ability to contribute to the cost of education. Adjustment of awards is subject to the availability of funds.

In the space provided, please supply an **explanation of the special circumstances** which resulted in a change in your financial situation. Attach additional sheets if necessary. **Please be as specific as possible.**

This form must be completed to evaluate your projected income from **July 1, 2017 to June 30, 2018** in order to address any substantial changes in your family's financial position. To assist in the process of reconsideration, you should provide as many applicable items from the following list as pertains to your situation (or that of your parent(s)):

- **Signed Federal Income Tax Return or a IRS Tax Transcript (2015) – Yourself and/or your spouse and/or parent(s)**
- **Year-to-date earnings (last pay stub for you and/or your spouse and/or parent(s))**
- **Layoff notice**
- **Unemployment eligibility determination (V.E.C Form B-30)**
- **Workers Compensation determination**
- **Retirement benefits notification**
- **Veteran's benefits notification (non-educational)**
- **Itemized list of medical expenses paid by you (not covered by insurance) in 2016 or 2017**

(Note: These expenses must exceed 11% of the applicable income protection allowance (IPA) built into the formula for determination of a student's expected family contribution (EFC) and remaining student need.)

Please complete and submit this Reconsideration Form to the Financial Aid Office at the address or fax number given above after the dates below. **It is also recommended that you contact the financial aid office to schedule an appointment with one of the financial aid advisors:**

**May 2, 2017**                **Students enrolling in classes during the Summer 2017 semester**

**July 5, 2017**                **Students not enrolling in classes until Fall 2017 semester**

**November 1, 2017**        **Students not enrolling in classes until Spring 2018 semester**

**RECONSIDERATION  
FORM 2017-2018**

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ ID: \_\_\_\_\_

<b>EXPLAIN YOUR SPECIAL CIRCUMSTANCES (Reasons for income loss):</b>
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**ASSETS AND PROJECTED YEAR INCOME (Estimated amounts for July 1, 2017 – June 30, 2018)**

	<b>Student</b>	<b>Parent</b>
<b>I. Taxable Income:</b>		
Salary, Wages, Tips	Student: _____	Parent 1: _____
	Spouse: _____	Parent 2: _____
Interest and/or dividend income	_____	_____
Net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc....	_____	_____
Adjusted Gross Income	_____	_____
<b>II. Estimated Deductions:</b>		
U.S. Income Tax Payable	_____	_____
Child Support PAID	_____	_____
Medical Expenses (not covered by insurance)	_____	_____
<b>III. Non-Taxable Income &amp; Benefits:</b>		
Social Security Benefits (Report purposes only)	_____	_____

TANF/ADC (Report purposes only)	_____	_____
Child Support RECEIVED	_____	_____
Other non-taxable income (such as housing, food, living allowances paid to military, clergy; EIC; Worker's Compensation, etc...)	_____	_____
<b>IV. Assets:</b>		
Savings	_____	_____
Real Estate/Investments Value	_____	_____
Real Estate/Investments Debt	_____	_____
Business Value	_____	_____
Business Debt	_____	_____
Farm Value	_____	_____
<b>V. Other</b>		
Family Size:	_____	_____
Number in College:	_____	_____

I (We) affirm that the information on **both** sides of this form is correct and complete and represents my/our best estimate of my/our projected financial situation. I (We) certify that the Financial Aid Office will be notified if circumstances change.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**THIS SECTION FOR OFFICE USE ONLY**

In my professional judgment, the attached documentation merits a change in the following data elements to best reflect this family's ability to finance a college education in the 2017-2018 academic year.

<b>Data Element</b>	<b>Change to</b>	<b>Data Element</b>	<b>Change to</b>

\_\_\_\_\_  
**Approved Signature**

\_\_\_\_\_  
**Date**