



# REQUEST FOR RECONSIDERATION 2008-2009

**Student's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Student Financial Services will accept requests for reconsideration of a family contribution under certain circumstances including financial support of an elderly parent, unreimbursed medical expenses, or long-term loss of employment. We will consider loss of employment that occurs during the year that the student is applying for aid during the second semester of the academic year. We are unable to consider requests for reconsideration of the family contribution due to circumstances such as *cash flow problems, inflation, or consumer debt*. **Requests for reconsideration must be accompanied by documentation.**

### CHECK ALL THAT APPLY TO YOU:

- Loss of employment or change of employment status for student, student's spouse, or parents
- Divorce or separation of spouse or parent
- Death of spouse or parent
- Loss of untaxed income (social security, pension, etc.)
- Expenses associated with care of elderly parent
- Unusual medical or dental bills or handicapped-related expenses
- One-time payment that over-inflated your annual income
- Elementary or secondary school tuition for learning-disabled or handicapped child
- Sibling of student entering college at considerable cost (unknown at the time of application)
- Incorrect financial information noted on aid application
- Other circumstances: \_\_\_\_\_

If your request involves a loss or change in income, please complete the chart below indicating all sources of income you expect to receive from January 1, 2008, through December 31, 2008.

| INCOME 2008                              | STUDENT AND/OR SPOUSE | PARENT    |
|--|-----------------------|-----------|
| Wages, salaries, severance pay from work | \$                    | \$        |
| Other taxable income                     | \$                    | \$        |
| Unemployment benefits to be received     | \$                    | \$        |
| Alimony                                  | \$                    | \$        |
| Disability Benefits                      | \$                    | \$        |
| Workers Compensation                     | \$                    | \$        |
| Untaxed Social Security Benefits         | \$                    | \$        |
| Welfare Benefits                         | \$                    | \$        |
| Child Support                            | \$                    | \$        |
| Other Untaxed Income                     | \$                    | \$        |
| <b>TOTAL INCOME FOR 2008</b>             | <b>\$</b>             | <b>\$</b> |

Please provide documentation that supports the reason you are requesting reconsideration based on extenuating circumstances. SEE ADDITIONAL SHEET.

All the information on this form and supporting documents is true and complete to the best of my knowledge. *I further understand that I (the student) must exhaust all self-help options (loans/work-study) before any additional grant aid will be considered.*

\_\_\_\_\_  
**Student Signature**

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

\_\_\_\_\_  
**Parent Signature \***

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

\*only one signature required

# **ACCEPTABLE DOCUMENTATION**

## **(attach to Request for Reconsideration Form)**

### **1. Loss of employment or change in employment status**

- Signed statement from the student/parent explaining reason for unemployment
- Year to date pay stubs showing all income earned from work for 2008
- Documentation of all untaxed income received in 2008
- Termination letter and/or any documentation regarding severance pay

### **2. Divorce or separation of student or parent**

- Divorce – copy of divorce decree
- Separation – copy of legal separation document; a signed statement from your attorney showing the date of separation; or a statement from an unrelated third party

### **3. Death of a spouse or parent**

- A death certificate or an obituary notice, if available, or letter from surviving parent or other adult family member

### **4. Loss of Untaxed Income**

- A copy of a letter from the agency that provided benefits, detailing termination of benefits, and copies of summaries of benefits

### **5. Unusual medical or dental bills or handicapped-related expenses**

- A copy of Schedule A of the Federal 1040 form
- Canceled checks or receipts showing amount paid with statement from insurance company showing expenses were not reimbursed
- Written Explanation
- Detailed written explanation and documentation

### **7. Other documentation**

- Any relevant documentation which will support request for reconsideration

*Please note: Student Financial Services reserves the right to request additional information not listed on this form if deemed necessary to support request for additional aid.*

**Return all documentation to:**  
**Mount Holyoke College**  
**Student Financial Services**  
**50 College Street**  
**South Hadley, MA 01075**  
**Fax: 413.538.2512**