REQUEST FOR RECONSIDERATION
2016-2017

Student Name: ___________________________ Date: __________________________

Requests for reconsideration of a family contribution are accepted under certain circumstances such as financial support of an elderly parent, unreimbursed medical expenses, or long-term loss of employment. (Loss of employment that occurs during the year that the student is applying for aid will be considered only for the second semester of that academic year. Any additional aid granted will be applied only to the second semester.) We are unable to consider requests for reconsideration of the family contribution due to cash flow problems or consumer debt.

Please provide documentation that supports the reason you are requesting reconsideration. (See additional sheet.)

CHECK ALL THAT APPLY:

☐ 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 child that is disabled (including learning disability)
☐ Sibling of student entering undergraduate 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, 2016, through December 31, 2016.

<table>
<thead>
<tr>
<th>INCOME 2016</th>
<th>STUDENT AND/OR SPOUSE</th>
<th>PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries, severance pay from work</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other taxable income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment benefits to be received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Disability Benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxed Social Security Benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Welfare Benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Untaxed Income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL INCOME FOR 2016</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

All the information on this form and supporting documents is true and complete to the best of my knowledge. I (the student) understand that I must exhaust all self-help options (loans/work-study) before additional grant aid will be considered. If I receive additional grant as the result of this request for reconsideration and then decline the self-help in my financial aid package, the additional grant will be rescinded.

_________________________________________    ____    ___________________________    ______
Student Signature     Date        Parent Signature           Date
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 2016
   - Documentation of all untaxed income received in 2016
   - 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 most recently filed 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

Student Financial Services may request additional information not listed on this form if deemed necessary to support your request for additional aid. Thank you.

Email all documentation to:
sfs@mtholyoke.edu
If you prefer you may mail or Fax the forms:
Mount Holyoke College
Student Financial Services
50 College Street
South Hadley, MA 01075
Fax: 413.538.2512