



REQUEST FOR RECONSIDERATION 2021-2022

Student Name _____ Date: _____

Requests for Reconsideration of the family contribution are accepted under the circumstances listed below. All Requests for Reconsideration **must** include the following:

1. Documentation that supports your request for reconsideration (*See below*)
2. A detailed explanation of your request
3. This form, signed by the student and a parent of the dependent student

Reason for Reconsideration and Required Documentation

Please check the reason for your request for reconsideration provide the appropriate documentation listed below the reason that you have checked. For circumstances related to changes in income, please provide updated income information for all parents.

Reduction of income in 2020 as compared to 2019

- Completed 2020 federal tax return, including all schedules
- All 2020 W2 forms
- Completed Untaxed Household Income Grid (*See below*)

Reduction of income in 2021 as compared to 2019 or 2020

*Note: A reduction in total income in 2021 cannot be considered until the end of 2021. If your family will experience a reduction in income in 2021, complete this section of the Request for Reconsideration form and submit the required documentation in **early January, 2022**. Adjustments based on a decrease in 2021 income will apply to spring semester only.*

- Signed statement from the student/parent explaining the change of income
- Termination letter and/or any documentation regarding severance pay, if applicable
- End of year pay stubs showing all 2021 work income, 2021 W2 forms or 2021 taxes, if completed
- Completed Untaxed Household Income Grid (*See below*)

Untaxed Household Income Grid		
Income Type	Amount Received (\$)	
	2020	2021
Child support		
Alimony		
Economic impact/stimulus payments		
Unemployment benefits		
Paycheck Protection Program (PPP) Loan:		
PPP amount received		
PPP amount forgiven		
Living allowances, housing benefits, veterans non-education benefits, Workers' Compensation, etc.		
Untaxed Social Security and/or retirement distributions		
Support from others, including money given to the family or paid on their behalf		
Other untaxed income		



REQUEST FOR RECONSIDERATION

Page -2-

- Divorce or separation of student or parent**
 - Copy of divorce decree; copy of legal separation document; a signed statement from your attorney showing the date of separation; or a statement from an unrelated third party
 - Documentation of separate residence
 - Information about child and/or spousal support payments
- Death of a spouse or parent**
 - A death certificate or an obituary notice
 - Documentation of all survivors' benefits (i.e. life insurance, pension, social security income, etc.)
- Unreimbursed paid medical bills, dental bills or disability-related expenses**
 - Schedule A of most recently filed federal 1040 form
 - Receipts showing amount paid with statement from insurance company showing unreimbursed expenses
- Ongoing expenses associated with the care of an elderly parent**
 - Documentation showing paid costs of care
- Elementary or secondary school tuition for a disabled child, including learning disability**
 - Tuition bill showing any financial aid, or paid tutor bills
- Sibling of student entering high cost undergraduate institution, unknown at time of application**
 - Completed MHC Sibling in College Enrollment Verification Form (available on our website)
- Incorrect financial information on the initial financial aid application**
 - For change in tax information, provide copy of taxes (if not previously provided) or 1040X
 - For asset changes, provide documentation of correct amount
- Other circumstances** (*We are unable to consider requests based on cash flow or consumer debt.*)
 - Relevant documentation supporting the request for reconsideration

Signatures

The information on this form and in 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, all additional grant will be rescinded.

Student Signature

Date

Parent Signature

Date

Students residing in the United States should upload their materials to IDOC (idoc.collegeboard.org.)

All others, please email documentation to:

sfs@mtholyoke.edu

Please redact personally identifiable information such as social security numbers prior to emailing documents to us.