



## REQUEST FOR RECONSIDERATION 2020-2021

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Student Name \_\_\_\_\_ Date: \_\_\_\_\_

Requests for reconsideration of the family contribution are accepted under the circumstances listed below. We are unable to consider requests due to cash flow problems or consumer debt.

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

### Reason and Required Documentation

Please check from the following the reason for your request for reconsideration, and see below each item for required documentation to provide with your request.

**Loss or change of employment in 2019**

- Completed 2019 federal tax return, including all schedules
- All 2019 W2 forms
- Untaxed household income (i.e. child support, housing benefits, workman's compensation)

**Loss or change of employment in 2020 (*considered for spring semester, 2021 only*)**

- Signed statement from the student/parent explaining reason for unemployment
- Year to date pay stubs showing all income earned from work, or 2020 taxes, if completed
- Untaxed household income (i.e. child support, housing benefits, workman's compensation)
- Termination letter and/or any documentation regarding severance pay

**Loss or change of untaxed income**

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

**Divorce or separation of student or parent**

- For Divorce – copy of divorce decree
- For 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

**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.)



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- One-time payment that inflated annual income**
  - Documentation showing income is one-time (i.e. letter from employer for unrepeated bonus income, 1099-R form for one-time pension distribution, etc.)
- Unreimbursed paid medical bills, dental bills or handicapped-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**
  - Relevant documentation supporting the request for reconsideration

## Signatures

All the information on this form and provided 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.

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<b>Student Signature</b>	<i>Date</i>	<b>Parent Signature</b>	<i>Date</i>
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**Email documentation to:**  
**sfs@mtholyoke.edu**

**To fax documentation:**  
**Fax: 413.538.2512**

**To mail documentation:**  
**Mount Holyoke College**  
**Student Financial Services**  
**50 College Street**  
**South Hadley, MA 01075**

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