

Reconsideration of Aid Worksheet 2018-19

Student name:

Student ID or SSN:

Phone:

Occasionally, unique circumstances affect income for students and/or families. These circumstances have an impact on your ability to pay for college. This form allows students and/or families to report special circumstances that may not be evident on the FAFSA. 2016 income is used to assess financial need for the 2018-19 academic year. If 2017 income will be lower due to special circumstances, the financial aid office may be able to use 2017 projected income to assess financial need. A valid FAFSA and completed verification, if selected, must be on file before special circumstances can be considered. Supporting documentation is required in most instances as indicated below.

This appeal is for
(check all that apply)

Independent student
 Dependent student

Dependent student's Parent 1
 Dependent student's Parent 2

Section A (Check all that apply and provide appropriate documentation for each.)

Loss of income:

Unemployment

Period of unemployment in 2016 from ___/___/___ to ___/___/___
Provide a letter from the employer stating effective date of termination, copy of last pay stub showing YTD income including severance pay if any, and proof of unemployment benefits received if applicable.

Disability

Date of Disability ___/___/___

(Provide official documentation of disability from physician and any documentation regarding disability benefits you have received or will receive.)

Workers' compensation

Provide a letter from Bureau of Workers' Compensation stating termination date of benefit and total amount received for 2016.

Child Support:

Provide a letter or court documents stating termination date of benefits or affidavit that payments have ceased and total child support received for 2016.

Death:

Parent Spouse Spouse

Provide a copy of death certificate and any income from insurance settlements.

Divorce/Separation:

Date of divorce ___/___/___ (Provide information when completing Section C.)
Provide documentation of the maintenance of two households. Provide documentation of income and assets for both parents. Provide a copy of divorce/separation decree.

Unusual Medical or Dental:

Medical or dental expenses that were not covered by insurance. Tax filers provide a copy of Schedule A of your 2016 federal income tax return. Non-filers provide copies of the provider statement, cancelled checks and confirmation of total amount paid by insurance.

Graduate Students:

Submit a Sibling Enrollment Verification Form that demonstrates the family is *required* to contribute to graduate school tuition and fees.

Child Care:

Proof of child care payments.

Private School:

Documentation of annual private school expenses.

Bankruptcy/Debt Consolidation:

Declaring bankruptcy/debt consolidation alone does not warrant a financial aid appeal, but families in these circumstances may qualify for an appeal by documenting unusual expenses. Documentation of business/income loss (because of bankruptcy, foreclosure or natural disaster). Documentation of structured debt repayment.

Extended Family Support:

Documentation of payments made for the care of elderly parents must be submitted. If elder parents are living in household submit all documentation of parent's income (i.e., social security, disability). Please attach a letter of explanation, including the following: Name, age, relationship of relative(s) and month the support began/expected date support will end.

Other:

Specify any unusual expense or unlisted situation in Section B and provide appropriate documentation.

Section B (Specify any unusual expense or unlisted situation.)

Section C Information below must pertain to the parents listed on the FAFSA and/or the CSS Profile. All income must be documented, including most recent pay stub(s).

Income	2016 Amount	2017 Amount
Parent 1: (name) _____ income from work (gross amount)	\$	\$
Parent 2: (name) _____ income from work (gross amount)	\$	\$
Taxable pensions/annuities	\$	\$
Severance pay	\$	\$
Alimony/spousal support	\$	\$
Untaxed pensions/annuities (exclude rollovers)	\$	\$
Worker's compensation/employer disability	\$	\$
Child support received	\$	\$
Other	\$	\$

Section D

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide additional proof or documentation if required by the financial aid office. I also realize that if I do not provide proof or documentation when requested, I will not receive this consideration. I understand that if any of the figures used in this form change I must contact the financial aid office immediately in writing with the corrected figures.

Student signature

Date ____/____/____

Parent signature

Date ____/____/____

Please return form to:



Pomona College
 Office of Financial Aid
 333 North College Way
 Claremont, CA 91711
Financial.aid@pomona.edu
 Fax: 909-607-7941