



<input type="checkbox"/> Divorce or separation of parents or spouse	<ul style="list-style-type: none"> <li>• 2021-2022 Request for Reconsideration form</li> <li>• Detailed letter explaining your circumstances including dates when applicable</li> <li>• Copy of 2020 IRS Tax Return Transcripts and W-2's for student and parents (if dependent)</li> <li>• Copy of legal separation documentation, verification of separate households, or divorce decree</li> </ul>
<input type="checkbox"/> Death of parent(s) or spouse	<ul style="list-style-type: none"> <li>• 2021-2022 Request for Reconsideration Form</li> <li>• Detailed letter explaining your circumstances including dates when applicable</li> <li>• Copy of 2020 IRS Tax Return Transcripts and W-2's for student and parents (if dependent)</li> <li>• Copy of death certificate or obituary</li> <li>• Copy of any life insurance benefits received or expected to be received</li> </ul>
<input type="checkbox"/> Unusual medical expenses	<ul style="list-style-type: none"> <li>• 2021-2022 Request for Reconsideration form</li> <li>• Detailed letter explaining your circumstances including dates when applicable</li> <li>• Copy of 2020 IRS Tax Return Transcripts and W-2's for student and parents (if dependent)</li> <li>• Copy of Schedule A for parent and/or student</li> <li>• Please submit verification of payment (e.g. cancelled checks, receipts, credit card statements)</li> <li>• Remember that we can only count expenses that you have paid out of pocket. These can include medicine, mileage to and from the doctor or hospital, or necessary medical equipment.</li> </ul>
<input type="checkbox"/> One-time taxable income (e.g. IRA, Pension distribution, back-year Social Security payments)	<ul style="list-style-type: none"> <li>• 2021-2022 Request for Reconsideration form</li> <li>• Detailed letter explaining your circumstances, including whether or not you plan to make a future withdrawal from an IRA, Pension or 401K</li> <li>• Copy of 2020 IRS Tax Return Transcripts and W-2's for student and parents (if dependent)</li> <li>• Documentation to identify the source(s) of the income</li> <li>• Verification of payment and an itemized statement showing how the funds were spent (e.g. canceled checks, and receipts)</li> </ul>

**Section B – Certification and Signature**

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that completing this form does not guarantee a change in my financial aid award. I agree that if requested, I will provide documentation to support the information provided on this form. Finally, I understand that the decision is final and cannot be appealed.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature (If Dependent Student)

\_\_\_\_\_  
 Date