

<input type="checkbox"/> Divorce or separation of parents or spouse	<ul style="list-style-type: none"> • 2023 - 2024 Request for Reconsideration form • Detailed letter explaining your circumstances including dates when applicable • Copy of 2022 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Copy of legal separation documentation, verification of separate households, or divorce decree
<input type="checkbox"/> Death of parent(s) or spouse	<ul style="list-style-type: none"> • 2023 - 2024 Request for Reconsideration Form • Detailed letter explaining your circumstances including dates when applicable • Copy of 2022 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Copy of death certificate or obituary • Copy of any life insurance benefits received or expected to be received
<input type="checkbox"/> Medical Expenses Not Covered By Insurance	<ul style="list-style-type: none"> • 2023 - 2024 Request for Reconsideration form • Detailed letter explaining your circumstances including dates when applicable • Copy of 2022 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Copy of Schedule A for parent and/or student • Please submit verification of payment (e.g. canceled checks, receipts, credit card statements) • 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.
<input type="checkbox"/> One-time taxable income (IRA, Pension distribution, back-year Social Security Payments)	<ul style="list-style-type: none"> • 2023 - 2024 Request for Reconsideration form • Detailed letter explaining your circumstances, including whether or not you plan to make a future withdrawal from an IRA, Pension or 401K • Copy of 2022 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Documentation to identify the source(s) of the income • Verification of payment and an itemized statement showing how the funds were spent (e.g. canceled checks, and receipts)

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