

REQUEST FOR FINANCIAL AID AWARD REVIEW

20 -

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Situations may occur that affect your eligibility for federal funds. Please complete this form to document those situations. A committee within the Office of Student Financial Assistance will review your request. Decisions are based on the documentation provided and the guidelines established by Jacksonville University and federal regulations. All decisions of the committee are final. Your request for re-evaluation will not be reviewed until we receive all of the required documentation. Please allow 2-6 weeks after receipt for review and evaluation.

Award reviews may be requested at any time resulting from a change in family circumstance(s). Check only W K R V H W K D W D U H D S S O L F D E O H W R O M R S X P P O R I D P O O N F A T O R S W I T H T H I S L F V L W X D form.

- _____ Involuntary loss/reduction of work income
- _____ Loss of unemployment or some untaxed income or benefit.
- _____ + R X V H K R O G ¶ V X Q X V X D O O \ K L J K a l e x p e n s e s (i n c l u d e d 0 % o f A G I) F D O R U
- _____ Legal separation/divorce
- _____ Death of a parent/spouse
- _____ \$ Q \ R W K H U L Q I R U P D W L R Q R U F K D Q J H V D I I H F W L Q J \ R X U I D P L O

Please use this section to provide additional information describing the basis for your request. You may attach additional letters or documents that you think will support your request.

CERTIFICATION

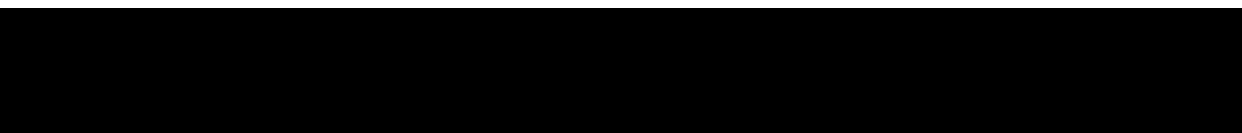
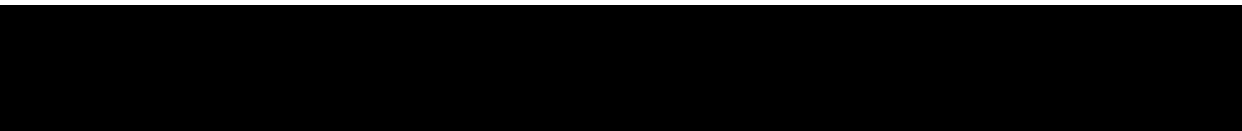
By signing below, I certify that the information contained on this form is true and complete to the best of my knowledge. Upon request, I will provide any additional documentation to substantiate the information provided.

Student _____ Date _____

Parent _____ Date _____

Please list anticipated income for 20 below. For any request for review, verification must be completed. Please submit signed copies of your 20 Federal Tax Return Transcript, including all Schedule V DQG : ¶V LI QRW DOUHDG\ VXERXMDW HGH W XW QW DQD S when completing this form. Complete the V-1 Verification Worksheet available XVLQ KLV OLQD)RUPV

ESTIMATED TAXABLE INCOME	20
)DWKHU¶V WD[DEOH ZDUD HV RQ	
0RWKHUL¶V WD[DEOH ZDUD HV RQ	
Interest and dividends	
Rental/business/capital losses	
Rental/business/capital gains	
IRA/Pension: (total rollover)	



REQUIRED SUPPORTING DOCUMENTATION

_____ 20 Federal tax return transcript for student

_____ 20 Federal tax return transcript for parent(s)

Involuntary Loss/Reduction of Work Income (at least 3 months)

_____ Termination Letter

_____ Unemployment compensation letter stating weekly payment and term of eligibility (i.e. \$200 per week for 26 weeks, beginning October 1, 20)

_____ Year to date earnings from terminated job, i.e. last pay stub

_____ ~~H~~DUWRGDWHH~~D~~UQLQ~~M~~IURPVSR~~X~~H~~V~~MRELHODVWSD~~V~~W~~X~~

_____ Severance paperwork (payment made by employer at the time of or extended timeframe by the employer)

Involuntary Loss of Unemployment or some Untaxed Income or Benefit

_____ State of unemployment expiration dated within the base year

_____ ~~(F~~HVVLYHPHGLFDOELOOVHFHHGLQ~~R~~IRWKHIDPLOW\$~~Q~~RWLQFO~~X~~HGRQWD~~H~~V

_____ Copies of billings not covered by insurance, not included on taxes, and PAID by tax filer within the year of tax filing

Death ~~R~~ISDUHQWRUVW~~X~~HQW~~V~~SR~~X~~H

_____ Death certificate

_____ Year to date earnings of deceased, i.e. last pay stub

FOR OFFICE USE ONLY:		_____ Approved	_____ Denied
Adjustments			
Counselor Signature		Date	
Director Signature		Date	