REQUEST FOR FINANCIAL AID AWARD REVIEW

2020-21

Student's Name _____ Student's ID _____
Student's Address _____
Student's Email _____ Student's Phone _____
Parent's Name _____ Parent's Day Phone _____
Parent's Email _____

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 <u>all</u> of the required documentation. <u>Please allow 2-6 weeks after receipt for review and evaluation.</u>

Award reviews may be requested at any time resulting from a change in family circumstance(s). Check only those that are applicable to your family's specific situation and **submit supporting documentation** with this form.

_____ Involuntary loss/reduction of work income

_____ Loss of unemployment or some untaxed income or benefit.

_____ Household's unusually high unreimbursed medical or dental expenses (must exceed 10% of AGI)

_____ Legal separation/divorce

_____ Death of a parent/spouse

_____ Any other information or changes affecting your family's financial situation

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 2020 below. For any request for review, verification must be completed. Please submit signed copies of your 2018 Federal Tax Return Transcript or IRS 1040 Form, including all Schedules and W2's, if not already submitted. It is helpful to use your tax returns and W2's when completing this form. Complete the V-1 Verification Worksheet available at http://www.ju.edu/financialaid/forms.php

ESTIMATED TAXABLE INCOME	**2020**
Father's taxable wages on projected tax return	
Mother's taxable wages on projected tax return	
Student taxable wages on projected tax return	
Spouse taxable wages on projected tax return	
Interest and dividends	
Rental/business/capital losses	
Rental/business/capital gains	
IRA/Pension: (total rollover)	
Unemployment compensation	
Other (source:)	
TOTAL INCOME	**$**
Less IRA, Keogh and self-employed SEP and SIMPLE plans	-
Less any other adjustments to income	-
ADJUSTED GROSS INCOME	**$**

ESTIMATED TAXABLE/UNTAXABLE INCOME	**2020**
Pre-tax pension contributions	
IRA/Keogh payments	
Tax-exempt interest/dividends	
Housing/living allowance	
Worker's Compensation	
Child Support	
Social Security (for all family members)	
Other: (source:)	

REQUIRED SUPPORTING DOCUMENTATION

_____ 2018 Federal tax return transcript (or signed 1040) for student

_____ 2018 Federal tax return transcript (or signed 1040) 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, 2018)

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

_____ Year to date earnings from spouse's job, i.e. last pay stub

_____ 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

Excessive medical bills exceeding 10% of the family's AGI, not included on taxes.

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

Death of parent or student's spouse

_____ 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