

Benedictine University
FINANCIAL AID RE-EVALUATION FORM

Dependent
2009 - 2010

Name of Student: _____ SSN: _____

We are re-evaluating your need for financial aid based on information you reported. Respond to the instructions for the circumstances that apply to your situation. **Indicate all circumstances that apply. You must complete Sections I and II on the back of this form. Please Note: Documentation, such as from employers, doctors, State Unemployment Office, pay stubs, etc. must be submitted to support your appeal.**

1. A parent who worked in 2008 has lost his/her job for at least 10 weeks. Write the number of weeks in 2009 that your parent worked full-time and number of hours per week.
 - Number of _____ weeks in 2009 and Number of _____ hours per week.
 - Provide a written statement explaining this change in income.
 - Submit copies of most recent or final pay stubs or letter from employer or previous employer verifying total wages earned in 2009.

2. A parent received unemployment compensation or some type of untaxed income benefit in 2008, but has completely lost that income or benefit for at least 10 weeks in 2009. The untaxed income or benefit must be from a public or private agency, company, or person due to a court order. Untaxed income and benefits include items like:
 - Social Security benefits (including Supplemental Security income).
 - Welfare benefits
 - Untaxed retirement or disability benefits
 - Court-ordered child support
 - Write the number _____ of weeks in 2009 that your parent has not received the income or benefit. This must be at least 10 weeks.
 - Submit documentation from agency or employer verifying loss of benefits.

3. You have already applied for financial aid and since that time your parents have legally separated or divorced.
 - Date of legal separation/divorce ____/____/____.
 - Complete a "Divorced/Separated Statement," which can be requested from the Financial Aid Office.

4. You have already applied for financial aid and since that time a parent, whose information was included on the FAFSA, has died.
 - Provide a copy of the death certificate.

5. Your parent(s) paid medical/dental expenses in 2008 that exceeded 7.5% of their total income for 2008.
 - Provide a copy of Schedule A if a 2008 1040 Federal Income Tax return was filed and deductions were itemized. If Schedule A has already been submitted to our office with a copy of the 2008 1040 Federal Income Tax Return, indicate same on this form and return it to the Financial Aid Office.

OR

- Provide a statement from each medical provider documenting the amount NOT reimbursed by insurance that was paid "out of pocket" between January and December 2008.
6. Your parent will have medical, dental/optical costs during the 2009-10 school year that will not be reimbursed by insurance.
 - Provide documentation from the health care provider explaining the medical condition, the treatment required and cost associated with the treatment. Include a statement from the insurance company indicating percentage of treatment cost covered.

(Over)

Section I: 2009 Income From Earnings

Provide a letter from each employer verifying expected earnings of both parents for the calendar year 2009. If you are requesting this re-evaluation due to a decrease in farm or business income, or you are submitting this form after December 31, 2009, we require you to submit 2009 Federal Income Tax returns before the re-evaluation will be reviewed.

1. Expected 2009 earnings for: Father \$ _____
Mother \$ _____
Student \$ _____

2. List all employer's names in 2009 for:
Father _____
Mother _____
Student _____

Section II: Other Income and Benefits

List all other income or benefits to be received between January and December 2009. If a type of assistance does not apply to you, put \$0 on the line. Do not leave blanks. Calculate total amounts of all assistance you will receive in 2009. Do not report monthly amounts. Provide verification from appropriate agency of total expected benefits to be received in 2009.

1. Pensions/Annuities \$ _____
2. Unemployment Compensation Benefits \$ _____
3. Social Security Benefits \$ _____
4. Child Support/Alimony \$ _____
5. Retirement or Disability Benefits \$ _____
6. Aid to Aged, Blind and Disabled \$ _____
7. Aid to Families with Dependent Children \$ _____
(ADC/AFDC or TANF)
8. Workers' Compensation \$ _____
9. Veterans Benefits (non-educational) \$ _____
10. Others: List _____ \$ _____

2009 Total Expected Benefits \$ _____

All of the information on this form is true and complete to the best of my knowledge. I agree to provide verification of the information I have given on this form. I also realize that if I do not provide verification, I may not be re-evaluated or receive aid.

Student's Signature Date

Father's Signature Date

Mother's Signature Date