

Benedictine University
FINANCIAL AID RE-EVALUATION FORM

Independent
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. You worked full-time (at least 35 hours a week) for at least 30 weeks in 2008 but you are not working full-time now. Write the number of weeks in 2009 that you worked full-time and number of hours per week that you worked during this time.
 - 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. Your spouse, who earned money in 2008, has lost his/her job for at least 10 weeks in 2009. Write the number of weeks in 2009 that your spouse has been out of work. This must be at least 10 weeks.
 - Number of _____ weeks in 2009 and Number of _____ hours per week.
 - Submit copies of most recent or final pay stubs or letter from employer or previous employer verifying total wages earned in 2009.
3. You or your spouse received unemployment compensation or some type of untaxed income benefit in 2008, but have 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 you or your spouse have not received the income or benefit. This must be at least 10 weeks.
 - Submit documentation from agency or employer verifying loss of benefits.
4. You have already applied for financial aid and since that time you have legally separated or divorced.
 - Date of legal separation/divorce ____/____/_____.
 - Complete a "Divorced/Separated Statement," which can be requested from the Financial Aid Office.
 - Submit a copy of divorce decree.
5. You have already applied for financial aid and since that time your spouse has died.
 - Provide a copy of the death certificate.
6. You paid medical/dental expenses in 2008 that exceeded 7.5% of your 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 it 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.
7. You have dependent child care expenses as a result of attending school.
 - Provide a letter from the childcare provider or day care center documenting the costs you will incur.
 8. You 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 your 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 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. Note: Verification of earnings for student (and spouse) is required.

1. Expected 2009 earnings for:

Student \$ _____

Spouse \$ _____

2. List all employers' names in 2009 for:

Student _____

Spouse _____

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

Spouse's Signature (if applicable)

Date