Parent Contribution Review Form
2016-2017

STUDENT NAME (PRINT CLEARLY) STUDENT ID NUMBER EMAIL ADDRESS

PARENT NAME PARENT PHONE AND EMAIL ADDRESS

PARENT MAILING ADDRESS CITY STATE ZIP CODE

The contribution review allows parents to document unusual circumstances not reflected on the FAFSA. Approval of the circumstances may lower the estimated family contribution which may allow for additional need based aid. If verification has not yet been completed, verification of the parent’s 2013 tax transcript information and W2’s must be submitted to the Financial Aid Office.

This review will be accepted from March 1, 2016 - February 28, 2017 for the 2016-2017 aid year.

☐ Check here if you did not and were not required to file a 2015 Federal Tax Return.
Please complete table B, page 3 of this form, attach 2015 W-2’s and complete the Institutional Verification Form.

Contribution Review Categories

A decrease in income or benefits in 2016 (January 1 - December 31) due to the following circumstances OR expenses paid which were not and will not be reimbursed in 2014. Your family contribution, determined by the FAFSA application, must be greater than zero to be considered for this appeal. Check the circumstance that applies. Supply the information as noted in the category with this Review Form.

☐ Death of a spouse after you have applied for federal financial aid (which included spouse information)
  • Copy of spouse death certificate

☐ Divorce/legal separation after you have applied for federal financial aid (which included spouse information)
  • Copy of divorce decree or legal separation documentation

☐ Decrease or loss of benefits (i.e., Taxed Social Security, Unemployment Compensation) in 2016
  • Statement from the benefit provider listing the date of benefit reduction or termination
  • Statement of benefits for 2015 and total received in 2016

☐ Decrease in child support received OR increase in child support paid to ex-spouse in 2016
  • Divorce decree and addendum to the decree indicating the change in payments and/or county court pay history reports for 2015 and 2016

☐ Tuition paid for elementary or secondary school expenses for dependent children attending school during the 2016-2017 academic year due to special needs.
  • Billing statement from school listing tuition amounts to be paid and balance due for the 2015-2016 academic year
  • Special needs documentation

☐ Natural disaster expenses paid (and not covered by insurance or other agency) for expenses from January 1 through December 31, 2016. Please Submit ALL of the following:
  • Complete Table A on this form (below)
  • Explanation of the natural disaster (i.e. flood, earthquake, etc.)
• Copy of insurance appraisal
• Proof of expenses paid for repairs in 2015 and not reimbursed by insurance
• Police report (if filed)

☑ Medical/Dental expenses paid (not covered by insurance) from January 1 through December 31, 2016. Total paid must exceed $3,000.
  • Complete Table A on this form (below)
  • DO NOT include insurance premiums or unpaid bills
  • Attach “paid” receipts documenting the medical/dental expenses that you paid in 2015, and were not covered by insurance

Table A – Itemized Expenses Paid

Include expenses that were not and will not be reimbursed by insurance using the table below. If you are on a monthly payment plan, show proof of at least two consecutive payments and a letter from the medical facility to project 2016 amount to be paid. RECEIPTS THAT ARE UNCLEAR CANNOT AND WILL NOT BE CONSIDERED.

<table>
<thead>
<tr>
<th>NAME OF PROVIDER</th>
<th>LIST CATEGORY</th>
<th>TOTAL EXPENSES</th>
<th>AMOUNT TO BE COVERED BY INSURANCE</th>
<th>AMOUNT “NOT REIMBURSED” BY INSURANCE AND PAID BY YOU IN 2016</th>
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<tbody>
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</tbody>
</table>

Attach additional sheets, if necessary

TOTAL:

☑ Loss of employment or reduction in earnings for at least an eight-week period

Please Submit ALL of the following:
  • Complete Table B of this form (see page 3)
  • Statement from your current employer on letterhead listing the beginning date of employment, average monthly earnings, a current paycheck stub, and projection of 2016 earnings in Table B. If you are not currently employed, provide a statement to that effect
  • Statement from previous employers on letterhead listing last date of employment and average monthly earnings, with the last paycheck stub received
  • If applicable, unemployment benefit statement for total benefits received in 2015 and/or 2016
  • If unemployment benefits have ceased, provide a cancellation statement from the agency stating the last date benefits were received and the total amount received in 2015. Project the amount of benefits to be received in 2016 in Table B below
  • Copies of parent 2015 federal tax transcript and related W-2’s if verification has not yet been completed. If this appeal is submitted after January 31, 2017, include signed copies of 2016 federal tax transcript and related W-2’s

☑ Other circumstances not listed on this form. If box is checked, please explain and attach documentation.
YOU MAY BE REQUIRED TO SUBMIT A COPY OF YOUR 2014 FEDERAL TAX TRANSCRIPT IN JAN. 2015

Table B – Income*


<table>
<thead>
<tr>
<th>INCOME</th>
<th>ACTUAL 2015</th>
<th>PROJECTED 2016</th>
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<tbody>
<tr>
<td>Annual Work Income: Father/Step-father</td>
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<tr>
<td>Annual Work Income: Mother/Step-mother</td>
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<tr>
<td>Annual Work Income: Student</td>
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<tr>
<td>Draws from Self-employment</td>
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<td>Withdrawal from Retirement Accounts</td>
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<td>Child Support Received</td>
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<td>Interest/Dividend Income</td>
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<td>Social Security Income for all Family Members</td>
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<tr>
<td>Unemployment Compensation</td>
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<td>Disability Income</td>
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<td>Support from family</td>
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<td>Severance</td>
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<td>Other</td>
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<tr>
<td>TOTAL INCOME</td>
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</tbody>
</table>

*Attach a letter of description that details your circumstances*

REVIEW CHECKLIST - Did you include all of these documents?

- Parents 2015 federal tax transcript with all schedules and related W-2’s
- Parents 2016 federal tax transcript with all schedules and related W-2’s, if submitted after January 31, 2017
- Institutional Verification Form
- Letter of Description detailing circumstances
- Completion of Tables A & B, if applicable
- Paid receipts of reported expenses, if applicable
- Other required documentation

I certify that the information provided is true and that false or misleading information will be cause for repayment of financial aid funds received. Due to limited funding, approval of a Contribution Review does not guarantee that additional funds will be awarded.

SIGNATURE OF PARENT COMPLETING THIS FORM

DATE