

Request for Review 2018-2019

APPEAL

You may request reconsideration of the financial aid offer due to a significant change in your financial circumstances or if you have special financial circumstances that were not reported on your initial financial aid application. The Financial Aid Review Committee will review and respond to you in writing.

- If your Request for Review is received by October 15, a full year award adjustment will be considered.
- If your request is received between October 16 and March 15, only an adjustment to your Spring award will be considered.
- If your request is received after March 15, your special circumstances will be considered for the following academic year.

Section 1: Wellesley Student Information

Student Name: _____ Wellesley ID number: _____

Section 2: Who has had a change in circumstances?

- Custodial Parent Noncustodial Parent Student

Section 3: Change in Circumstance (check all that apply)

- Termination of employment
- Employment change
- Retirement
- Disability
- One-time income (i.e.: back pay, capital gain, retirement withdrawal)
- Loss of Untaxed income (child support, social security, unemployment benefits, etc)
- Unusual medical/dental bills
- Expenses associated with care of an elderly grandparent
- Repayment of parent educational loans
- Other circumstances (explain in personal statement)

Section 4: Supporting Documentation (check all that apply)

- Termination/Severance Letter
- Most recent pay stub showing new/changed salary
- Final pay stub from previous employer
- Statement of unemployment benefits
- Copy of medical/dental bills showing unreimbursed expenses
- Statement of disability benefits
- Other: _____

Section 5: Personal Statement

You must include a personal statement explaining the reason for this request for reconsideration of aid. Provide as much detail as possible to help us better understand your financial situation. Please attach your statement to this appeal before returning to IDOC.

Section 6: Recent and Anticipated Income

Please itemize all sources of income (both taxed and untaxed). Use pre-tax income. Please answer all questions; if zero, enter \$0.

2017 - Recent		2018 – Anticipated
\$	Wages - Parent 1 (name of parent: _____)	\$
\$	Wages - Parent 2 (name of parent: _____)	\$
\$	Wages - Student	\$
\$	Wages – Student’s spouse	\$
\$	Bonus income (annual, quarterly, or other bonus income)	\$
\$	Interest income	\$
\$	Dividend income	\$
\$	Capital Gains	\$
\$	Business income (Schedule C, 1065, 1120S, etc)	\$
\$	Severance pay	\$
\$	Pension benefits	\$
\$	Taxable Retirement distributions (IRA, 401(k), Military, etc.)	\$
\$	Untaxed Retirement distributions (IRA, 401(k), Military, etc.)	\$
\$	Unemployment benefits	\$
\$	Workers’ Comp and Disability (including SSDI) benefits	\$
\$	Total Social Security (SS, SSI, not SSDI)	\$
\$	Child Support (for all children in household)	\$
\$	Alimony Received	\$
\$	Public assistance (SNAP, TANF, etc.)	\$
\$	Pre-tax Retirement contributions (IRA, 401(K), etc.)	\$
\$	Health Savings Account (not FSA) contributions	\$
\$	Other income (e.g. loans/gifts from family) – please explain in personal statement	\$
\$	TOTAL Annual Income	\$

Section 6: Certification

By signing this worksheet, we certify that all information reported is complete and correct. We understand that purposely providing false information on this worksheet may result in fines, imprisonment, or both. In addition, all institutional aid eligibility will be forfeited. Failure to complete this form in its entirety may cause processing delays.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Student Financial Services
Schneider Center 122
106 Central Street
Wellesley, MA 02481



phone: 781-283-2360
secure fax: 781-283-3946
web: www.wellesley.edu/sfs
email: sfs@wellesley.edu