2014-15 STUDENT REEVALUATION REQUEST FORM

Student Name ___________________________________________ Reed ID _______________________________________

By completing and submitting this form, you are requesting the Reed College Financial Aid Office to reevaluate your financial situation based on unusual, special, or changed circumstances. The Reed College Financial Aid Office reviews such requests on an individual basis and will respond in writing with the results of this review.

Part I. LETTER OF EXPLANATION:

Submit a letter explaining your change in circumstances and/or additional information you would like considered.

Part II. DOCUMENTATION:

If you have not submitted a copy of your 2013 IRS Income Tax Return and W-2 statements to the financial aid office, submit a copy with this request. In addition, if your request for reevaluation of aid eligibility is based on:

• Loss of employment (your or your spouse is terminated, fired, or laid off), provide a copy of the notice of termination from the employer and a copy of your unemployment compensation decision from the Employment Division or its designee. If loss of employment is voluntary, explain the circumstances. If your spouse is employed, submit a copy of your spouse’s most recent paystub.

• Loss of income due to a disabling illness or injury, provide a letter from the doctor which includes the date(s) you or your spouse was treated for the illness/injury and a brief description of how the illness/injury interfered with the ability to work.

• Involuntary reduction or elimination of child support, unemployment compensation, Social Security benefits, etc., provide a letter from the agency indicating the date of the change and the revised amount.

• Separation or divorce after the 2014-15 applications are filed, provide the date of separation/divorce. Also provide an updated statement of the current number of family members you will support, and the number of those who will attend college at least halftime in 2014-15. Do not include the income or taxes to be paid information of the spouse in Part III.

• Death of a spouse whose information is included in your completed 2014-15 financial aid, provide the date of death. Also provide an updated statement of the current number of family members you support and the number of those who will attend college at least halftime in 2014-15.

(CONTINUED ON NEXT PAGE)
Part III. INCOME INFORMATION - To be completed by student and spouse (if applicable).

Complete all lines, providing the best estimate of expected (i.e. anticipated, likely) income. Use “0” if the answer is none or not applicable. Do not leave questions blank.

2014 expected income and benefits:

Student’s gross wages (Jan. 1, 2014 – Dec. 31, 2014) $_____________

Spouse’s gross wages (Jan. 1, 2014 – Dec. 31, 2014) $_____________

Interest and dividend income $_____________

Net income from business or farm $_____________

Net rental income $_____________

Pensions, annuities, royalties, partnerships, estates, trusts, retirement distributions, etc. $_____________

Unemployment compensation (if 0, explain) $_____________

Other taxable income (identify__________________) $_____________

Social Security and/or Veterans benefits $_____________

Child Support received for all children $_____________

Housing and/or living allowances $_____________

Your contributions to tax-deferred retirement plans $_____________

Untaxed disability income $_____________

Other untaxed income (identify__________________) $_____________

PART IV. 2014-15 ANTICIPATED ACADEMIC YEAR EARNINGS

Student’s gross academic year wages, July 1, 2014 – June 30, 2015 $_____________

Spouse’s gross academic year wages, July 1, 2014 – June 30, 2015 $_____________

Part V. – READ AND SIGN

All of the information included in this form is true and complete to the best of my knowledge. I agree to provide additional documentation of the above statements if requested to do so. I also agree to update the financial aid office if these projections change at any time during 2014.

Student’s signature ___________________________ Date ________________________________

Spouse’s signature ___________________________ Date ________________________________

Submit this form, along with a letter of explanation and your supporting documentation, to the Office of Financial Aid, Reed College, 3203 SE Woodstock Blvd, Portland, OR 97202-8199. 03/14 STU-REEVAL