

DENISON
UNIVERSITY

**REQUEST FOR REVIEW OF FINANCIAL AID AWARD
2009-2010**

_____ Student's Name

D _____
Denison ID Number

If you have unusual circumstances, complete this form and submit it to our office with the specified documentation. Please complete the section(s) that most closely describe(s) your unusual circumstances. Completion of this form does not guarantee an adjustment to the student's financial aid package.

*For all circumstances, **please submit a signed copy of parent and student 2008 federal tax returns with all W-2 forms.** Return this completed form with additional documentation specified to the Financial Aid Office.*

UNUSUAL MEDICAL/DENTAL EXPENSES

Amount you/your parents paid for medical/dental bills in 2008 that were not reimbursed by insurance: _____

Documentation: Letter itemizing medical/dental expenses paid, Schedule A of federal tax return (if applicable)

ELEMENTARY/SECONDARY EDUCATION PAID FOR SIBLINGS

- Did you/your parents pay elementary/secondary education expenses in 2008 for your sibling(s): _____

- Provide the following information for each family member who received such support (attach additional paper, if necessary):

Name: _____ Age: _____ Relationship to student: _____

Elementary/Secondary education expenses for 2008: _____ School: _____

Documentation: Receipts for tuition payments

PARENTAL/SIBLING EDUCATION DEBT

- Are your parents currently paying on student loans for their education or for siblings who are no longer attending college? (Do not include loans borrowed for your education) _____

- Provide the following information: Monthly payment: _____ Total paid in 2008: _____

Documentation: Receipts or payment summary from person, company or agency to whom money is owed.

ADULT CARE EXPENSES

- Did you/your parents pay for adult care expenses in 2008? _____

- Provide the following information for each family member who received such support (attach additional paper, if necessary):

Name: _____ Relationship to student: _____

Adult care expenses for 2008: _____

Documentation: Letter itemizing adult care expenses

INCOME REDUCTION

- Will the parental income be significantly less in calendar year 2009? _____

- If yes, check the appropriate reason below:

- Unemployment or change in employment _____
- Divorce/separation _____
- Death of parent _____
- Disability of parent _____

- Provide the following information for Jan. 1, 2009 – Dec. 31, 2009:

Wages, salaries, tips for father/stepfather: _____

Wages, salaries, tips for mother/stepmother: _____

Interest income: _____

Dividend income: _____

Net income (or loss) from business, farm, rents, estates, etc.: _____

Other taxable income such as unemployment compensation, etc.: _____

Untaxed income and benefits such as social security: _____

Other income: _____

Total anticipated income for 2009: _____

Documentation: Letter of explanation providing details of situation including time frame for your circumstances, any available documentation used to determine anticipated income.

RECEIPT OF ONE-TIME LUMP SUM SETTLEMENT

- What is the source of income: _____ Amount: _____

- How were the funds spent or invested: _____

Documentation: Please attach additional pages if more space for explanation is needed.

OTHER CIRCUMSTANCES NOT INCLUDED HERE

Documentation: Please attach a letter explaining the details of your situation, making sure to be as specific as possible.

Certification:

We affirm that the information contained on this form and in supporting documentation is true and complete to the best of our knowledge. Upon request, we will provide additional documentation to substantiate the information given.

Student Signature

Date

Parent Signature

Date

Please return this form to:

Denison University
Financial Aid Office
P.O. Box 810
Granville, OH 43023