

DENISON
UNIVERSITY

**REQUEST FOR REVIEW OF FINANCIAL AID AWARD
2008-2009**

Student's Name _____

Social Security Number _____

If you have unusual circumstances, complete this form and submit it to our office with the specified documentation. Please check below which of the following most closely describes your unusual circumstances.

- Unusual medical or dental expenses not covered by insurance and not already taken into account by the federal needs analysis formula
- Tuition expenses paid at an elementary or secondary school for sibling(s)
- Parental education debts/expenses
- Adult care costs
- Income reduction (includes parental separation/divorce)
- Receipt of one-time lump sum settlement

*Please complete the section that pertains to your family's situation. For all circumstances, **please submit a signed copy of parent and student 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

How much did you/your parents pay for medical/dental bills in 2007 that were not reimbursed by insurance? _____

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

ELEMENTARY/SECONDARY EDUCATION

1. Did you/your parents pay for elementary/secondary education expenses in 2007 for your sibling(s)? _____
2. 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 2007: _____ School: _____

Documentation: Receipts for tuition payments

PARENTAL EDUCATION DEBT

1. Are your parents currently making monthly payments on student loans for their education or for siblings who are no longer attending college? (Do not include loans borrowed for your education) _____
2. Provide the following information:
Monthly payment: _____ Total paid in 2007: _____

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

ADULT CARE EXPENSES

1. Did you/your parents pay for adult care expenses in 2007? _____
2. 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 2007: _____

Documentation: Letter itemizing adult care expenses

INCOME REDUCTION

1. Will the parental income be significantly less in calendar year 2008? _____
2. If yes, check the appropriate reason below and explain, giving the date of the change in your situation:
 - a. Unemployment or change in employment _____
 - b. Divorce/separation _____
 - c. Death of parent _____
 - d. Disability of parent _____
3. Provide the following information for Jan. 1, 2008 – Dec. 31, 2008:
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 2008: _____

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

1. What is the source of income: _____ Amount: _____
2. How were the funds spent or invested: _____

Documentation: No additional documentation needed

Please note: We request that you attach a signed letter of explanation, if this has not already been submitted. It is imperative that we understand the details of your situation so that we might best be able to assist you.

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