

Student Name: _____

Williams ID: _____

A. Guidelines

Instructions: Information presented in this request should be either new information or information that has changed significantly from your initial application. **Please complete all sections (A, B, and C)** of this form as completely and accurately as possible. If parents are divorced, separated, or never married and do not live together, each parent must complete an individual review form. **Process:** Our Financial Aid Review Committee reviews all requests on a rolling basis, and may request additional information through email prior to making a final decision. Aid applications must be complete, and an initial award should have been received prior to a request being reviewed. Response time will vary based on our volume of requests at the time your request is received, but our goal is to respond within two weeks. Once we determine whether an adjustment can be made, we email a revised award notification directly to the student. If the financial aid award is revised based on using projected income for 2019, you will be required to provide documentation of that income in January of 2020. If actual 2019 income is greater than projected 2019 income, your financial aid will be reduced.

B. Reason for Review

Check the box below that most accurately describes your situation. You may check more than one.

- Significant loss of parent income due to change in employment circumstances. **Please provide the following:**
 - Date of wage reduction: _____. ***If the parent becomes re-employed, you must notify our office within two weeks of the change.***
 - Submit your full 2018 federal tax return, including all pages, schedules, & W-2 statements.
 - Complete projected income worksheet on the next page.
 - Attach documentation of reduction, severance, and/or unemployment benefits, and most recent pay stub for each parent. ***Financial aid review requests related to a parent's loss of income will be considered only after more than eight weeks of unemployment.***
- Untaxed income or benefits received have been reduced or terminated. **Please provide the following:**
 - Date of termination or reduction: _____.
Attach documentation from the agency providing the benefits.
- Extraordinary unreimbursed medical and/or dental expenses. **Please provide the following:**
Detailed explanation with an itemized list of out-of-pocket expenses not covered by insurance.
- Eldercare expenses for the student's maternal or paternal grandparents. **Please provide the following:**
 - Detailed explanation and supporting documentation of the expenses.
- Parent educational loan expenses for the parent's own undergraduate or graduate education (**not** parent loans borrowed for siblings: _____. **Please provide the following:**
 - Attach most recent statement indicating type of loan, loan servicer, and monthly payment amount required, plus total payoff amount of loan/s.
- One-time lump sum income or capital gain/distribution in 2017. **Please provide the following:**
 - Explanation of the circumstances. Please note that the circumstances should be one-time occurrences in 2017, which did not occur in 2016, and are not expected again in 2018 or 2019.
- Death of a parent following application submission. Date: _____. **Please provide the following:**
 - Attach death certificate and documentation of any death benefits.
- Other. If none of the above categories describe your family's situation, attach an explanation of your circumstances with as much detail and documentation as possible. **If your situation involves a change in income, complete the Projected Income Section on the next page.**

We will not consider the following circumstances for a review:

- Expenses related to extracurricular activities, home and vehicle maintenance or purchase, consumer debt, and parent loans borrowed to finance sibling education, including graduate school.
- Unwillingness to contribute to educational expenses.
- Unwillingness for parent or student to borrow loans to help pay the contribution.

C. Projected Income

Complete this section if this request is based on a loss of employment or any other income-related change. If parents are divorced, separated, or were never married and do not live together, each parent must complete and submit a separate form.

- Provide information for **all** categories of income, not just the types of income that have changed.
- Attach any documentation you have for your figures, such as your most recent pay stubs, a letter from your employer regarding severance package terms, unemployment benefit statement, etc. **Don't forget your completed 2018 federal tax return & W-2s.**
- **Actual income will be verified in 2020.** If changes were made to your financial aid based on your projections and the actual figures are higher than your projections, aid will be adjusted, and you may be required to repay financial aid received.
- Enter "0" if no income of a listed type is expected.

| 2019 Total Income | | Actual 2019 Income (1/1/19 to Present) | Estimated 2019 Income (Present to 12/31/19) | Total 2019 Income |
|--|--|--|---|-------------------|
| Parent 1 Name: | 2019 work income <i>Include copy of most recent paystub</i> | | | |
| Parent 2 Name: | 2019 work income <i>Include copy of most recent paystub</i> | | | |
| Severance compensation (if not included above) | | | | |
| Unemployment compensation Amt/week _____ x # weeks _____ | | | | |
| Net income from self-employment <i>Include copy of current Cash Flow & Balance sheet</i> | | | | |
| Net income from farms, rents, partnerships, etc. <i>Please specify</i> | | | | |
| Pensions/Annuities/IRA Withdrawals – <i>please indicate the reason for withdrawal</i> | | | | |
| Interest and Dividend Income | | | | |
| Capital Gains/State income tax refund/Alimony | | | | |
| Payments to tax-deferred pension & savings plans <i>Include pre-tax contribution to 401k & 403b plans</i> | | | | |
| Social Security Benefits for <i>all</i> family members | | | | |
| Disability benefits | | | | |
| Worker's Compensation | | | | |
| Child support received for <i>all</i> children | | | | |
| Veterans Benefits | | | | |
| Other untaxed income/benefits <i>Please specify source</i> | | | | |

The information provided on this form is accurate and complete to the best of our knowledge.

We have provided our complete 2018 federal tax returns, including all schedules, and W-2 statement(s) and 2018 business returns.

Student Signature _____ Date _____

Parent Signature _____ Date _____