Before submitting this form, make sure you have completed the 2020-2021 Free Application for Federal Student Aid (FAFSA) at fafs.gov. (Valpo’s school code is 001842.)

Please submit this form, along with supporting documentation, if you have special financial circumstances that cannot be reflected on the FAFSA or that have changed since you submitted the FAFSA. Below are some common adjustments we can review. If you have other financial concerns that you would like us to consider, please submit a detailed letter along with supporting documentation. (Please note: We cannot adjust for credit card bills, car payments, home mortgage, or other personal living expenses.)

Please Check | Change in Circumstance | Supporting and Required Information
--- | --- | ---
□ | Elementary or secondary private school tuition | • Net tuition for 2020-2021 academic year $__________ (Net amount equals costs minus tuition assistance received.)
• Copy of tuition statement/bill from the school for the 2020-2021 academic year
□ | Daycare or eldercare expenses | • For whom is care provided: __________________
• Relationship to student: __________________
• Monthly expense: $__________
• Statement from care provider or copy of canceled checks, wire transfers, etc verifying expense
□ | Parent's college tuition & expenses | • Net tuition for 2020-2021 academic year $__________ (Net amount equals costs minus tuition assistance received.)
• Copy of tuition statement/bill from the school for the 2020-2021 academic year
□ | Parent’s own student loan or Parent PLUS Loan payments | • Copy of statement from lender showing monthly payment amount
□ | Medical Expenses PAID (Please check ONE) | • If you itemized on taxes, provide a copy of Schedule A for appropriate tax year
• If you did not itemize or wish to use anticipated expenses, please submit an itemized list of payments and accompanying receipts/statements. This could include payment plans you are on.
• Amount of pre-tax dollars, if any, used to pay for these expenses (i.e. flex account, HSA, etc.) $__________
• Amount you paid after above flex, HSA, etc. was applied $__________
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<th>Change in Circumstance</th>
<th>Supporting and Required Information</th>
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| ☐            | One-time/non-recurring income | - Source of one-time/non-recurring income  
- Amount received in 2018 $___________  
- **SIGNED** copy of both 2018 and 2019 tax return and W2s |
| ☐            | Decrease/loss of benefit or support (i.e. child support, unemployment, social security, etc.) | - Type of benefit/support ________________  
- Date it was stopped or reduced ________________  
- Monthly amount you received in 2018 $___________  
- **SIGNED** copy of both 2018 and 2019 tax return and W2s |
| ☐            | Significant loss of income due to change in employment | - Signed copy of 2018 tax return and W2’s in addition to:  
- **Check ONE**  
- □ 2019 tax year  
  - **SIGNED** copy of 2019 tax return and W2s  
- □ 2020 tax year (once new job is obtained)  
  - Copy of severance statement from previous job  
  - Copy of last pay stub from previous job  
  - Copy of current pay stub from new job  
  - Copy of unemployment received |
| ☐            | Divorce or Separation | Date divorce/separation occurred ________________  
Which parent will student live with most? ________________  
- Signed copy of divorce/separation document  
- Signed document showing alimony or child support to be received  
- **SIGNED** copy of 2018 tax return and W2s or 2019 if it shows the custodial parent only |
| ☐            | Death of Parent/Spouse | - Date death occurred ________________  
- Copy of death certificate  
- **SIGNED** copy of 2018 taxes and W2s or 2019 if it shows the custodial parent only |

**Student and Parent Certification**

I/We certify the information provided on this form is accurate and complete as of this date. I/We understand the request of a financial aid review is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account. I/We also understand that any revision based on the appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

Parent Signature: _______________________________ Date: __________________

Student Signature: _______________________________ Date: __________________

**Return form to:** Office of Financial Aid, Kretzmann Hall, 1700 Chapel Drive, Valparaiso, IN 46383  
Fax: 219-464-5012  Email: finaid@valpo.edu