

Student's Name: _____ Valpo ID# _____

Before submitting this form, make sure you have completed the 2020-2021 Free Application for Federal Student Aid (FAFSA) at fafsa.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
<input type="checkbox"/> <input type="checkbox"/>	Elementary or secondary private school tuition Daycare or eldercare expenses	<ul style="list-style-type: none"> • 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 • For whom is care provided: _____ • Relationship to student: _____ • Monthly expense: \$ _____ • Statement from care provider or copy of canceled checks, wire transfers, etc verifying expense
<input type="checkbox"/> <input type="checkbox"/>	Parent's college tuition & expenses Parent's own student loan or Parent PLUS Loan payments	<ul style="list-style-type: none"> • 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 • Copy of statement from lender showing monthly payment amount
<input type="checkbox"/>	Medical Expenses PAID (Please check ONE) <input type="checkbox"/> Actual 2018 paid <input type="checkbox"/> Actual 2019 paid <input type="checkbox"/> Anticipated 2020 paid	<ul style="list-style-type: none"> • 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 \$ _____

Please Check	Change in Circumstance	Supporting and Required Information
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>One-time/non-recurring income (i.e. one-time annuity, withdrawal from 401K/retirement, over-time pay, etc.)</p> <p>Decrease/loss of benefit or support (i.e. child support, unemployment, social security, etc.)</p> <p>Significant loss of income due to change in employment Actual figures must be used. If job was lost in 2020, must wait until new job is obtained or 2020 taxes have been filed.</p>	<ul style="list-style-type: none"> • Source of one-time/non-recurring income _____ • Amount received in 2018 \$ _____ • SIGNED copy of both 2018 and 2019 tax return and W2s <ul style="list-style-type: none"> • 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 <p><input type="checkbox"/> Signed copy of 2018 tax return and W2's in addition to: Check ONE</p> <p><input type="checkbox"/> 2019 tax year</p> <ul style="list-style-type: none"> • SIGNED copy of 2019 tax return and W2s <p><input type="checkbox"/> 2020 tax year (once new job is obtained)</p> <ul style="list-style-type: none"> • 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
<input type="checkbox"/>	<p>Divorce or Separation</p>	<p>Date divorce/separation occurred _____</p> <p>Which parent will student live with most? _____</p> <ul style="list-style-type: none"> • 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
<input type="checkbox"/>	<p>Death of Parent/Spouse</p>	<ul style="list-style-type: none"> • 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