



Financial Aid Office
2018 - 2019 Request for Reconsideration
Based on Extenuating Circumstances

Student's Name: _____ Student ID: _____

The ASUN financial aid office welcomes the opportunity to review your request for reconsideration. This application may be completed if your family's financial situation has significantly changed from the previous calendar year. Attach supporting documentation with dollar amounts and clear explanations. Incomplete information will hinder the processing of your request. Families with an Expected Family Contribution (EFC) of \$0 will not be reviewed for extenuating circumstances. Decisions for appeals are handled on a case-by-case basis. When applicable, an adjustment(s) will be made to your FAFSA to possibly increase eligibility.

All applications for reconsideration must include the following (*Do not submit original documents as they will not be returned*):

1. All 2016 and 2017 W2 and 1099 forms for student, spouse, and parents, if applicable
2. 2016 and 2017 IRS Tax Return Transcript. Go to www.irs.gov for both student, spouse, and parents, if applicable.
3. Letter explaining the circumstances that you want to be considered
4. Additional documents relative to your particular circumstance

Please place an "X" in the box that best describes your special circumstance(s).

Special Circumstance	Checklist of Required Documents
<input type="checkbox"/> Loss of Employment (Employed in 2016 and/or 2017 and have been unemployed in 2018)	<ul style="list-style-type: none"> • Letter(s) of Separation from Employer(s) • Severance package if applicable • 2017 and 2018 Unemployment Benefits Statement • Most recent pay stubs
<input type="checkbox"/> Reduction of Income (Income is less than reported on your 2016 or 2017 IRS Tax Return)	<ul style="list-style-type: none"> • Letter(s) from your current employer(s) estimating your 2018 adjusted gross income • Current pay stub(s)
<input type="checkbox"/> Divorce/Separated (Only if marital status changed since filing 2017-2018 FAFSA)	<ul style="list-style-type: none"> • Copy of Divorce Decree (if divorced) or • Documentation of separate households (i.e. utility bill, cell phone bill, housing lease, copy of driver's license from both parties) • Anticipated income for 2018 (Copy of most recent paycheck for person of record)
<input type="checkbox"/> Death of Parent or Spouse	<ul style="list-style-type: none"> • Copy of Death Certificate or • Copy of Obituary • Anticipated income for 2018 (Copy of most recent paycheck for surviving parent/spouse)
<input type="checkbox"/> Deduction of One Time Payment	<ul style="list-style-type: none"> • Letter from parent/student which explains the one-time payment or reason for withdrawal
<input type="checkbox"/> Healthcare Expenses (If expenses in 2017 not reimbursed by your insurance exceed 11% of family's 2016 adjusted gross income)	<ul style="list-style-type: none"> • Schedule A – receipts will not be necessary • 2016, 2017, and 2018 medical bills, prescription receipts • 2016, 2017, and 2018 medical insurance premium payments
<input type="checkbox"/> Elementary/Secondary Tuition Expense	<ul style="list-style-type: none"> • Statement from private school indicating the student(s) name, relationship to you & list of exact charges and payments made in 2016, 2017, and 2018
<input type="checkbox"/> Reduction or Loss of Untaxed Income and/or Benefits	<ul style="list-style-type: none"> • Supporting documentation from the resource describing the benefit, the timeline it was received, the reason(s) it's no longer available
<input type="checkbox"/> Other	<ul style="list-style-type: none"> • Letter from student/parent explaining the circumstances • Supporting documentation for your circumstance

CERTIFICATION:

I agree to allow the financial aid administrator to review my information to determine if my request can be accommodated. I further understand that I may be asked for additional information or that my request can be partially or completely denied. I understand that if this form is incomplete or lacks the required documentation, no action will be taken. Your request for special circumstance cannot be processed until your original 18-19 FAFSA has been completed and verified. Please allow up to six weeks of processing once all required documentation has been received.

All of the information on this form and supporting documentation is true and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

Parent's Signature (if dependent student): _____ Date: _____

FINANCIAL AID OFFICE ONLY	
Approved: _____	
Rejected: _____	
Reason: _____	

Financial Aid Officer Signature	Date

Return to:

**ASU-Newport
Newport Campus**
Financial Aid
7648 Victory Blvd.
Newport, AR 72112

Fax 870-512-7876

**ASU-Newport
Marked Tree Campus**
Financial Aid
PO Box 280
Marked Tree, AR 72365

Fax 870-358-4108

**ASU-Newport
Jonesboro Campus**
Financial Aid
5504 Krueger Drive
Jonesboro, AR 72401

Fax 870-972-0801