



KAMEHAMEHA SCHOOLS

FINANCIAL AID & SCHOLARSHIP SERVICES RECONSIDERATION REQUEST FORM

Parent(s)/Student have the opportunity to request for a reconsideration of the application status or decision if an application has been denied or award has been cancelled, reduced, or changes in personal circumstances occurred.

Process:

- 1. Complete and submit request form with required supporting documentation (refer to attached list) within 30 calendar days from the date of your KS notification or decision letter.
- Request form submitted after the submission period will not be reviewed or processed.
- Request form submitted with no supporting documentation will not be processed.
2. Request form with change in circumstances must be submitted no later than 30 days of the change occurrence and no later than 30 days after a program deadline.
3. Decision notification of your reconsideration request will be mailed in approximately 30 calendar days from the receipt of request form and ALL required supporting documents.

Note: Reconsideration request for verification of Hawaiian Ancestry should be directed to the Ho'olu Hawaiian Data Center. These requests will not be reviewed by Financial Aid and Scholarship Services (FASS).

Required Applicant information

Form fields for applicant information including Last Name, First Name, MI, Date of Birth, Soc. Sec. #, Address, KS Student ID #, City, State, Zip, Contact phone #1 and #2, Email Address, Program selection (Pauahi Keiki Scholars, KS Pre-School, etc.), KS Campus selection (Kapalama, Pukalani Maui, etc.), and Name of Non-KS Preschool, Kindergarten or Post-High Institution.

CERTIFICATION: By signing this form, I (we) certify that all information provided on this form and supporting documentation submitted is true and complete to the best of my (our) knowledge.

Signature and Date lines for Applicant's Signature (if over 18 years of age) and Parent's Signature.

Indicate which of the following circumstances best describes your situation and provide a written explanation on the reverse side of this page:

Checkboxes for circumstances: 1. Disagree with application status or decision, 2. Change of school, 3. Change of academic status, 4. Change of residence, 5. Change in size of the family.

	Student	Spouse	Parent			Student	Spouse	Parent
<input type="checkbox"/> 6. Change in employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 7. Change in marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Student	Spouse	Parent			Student	Spouse	Parent
<input type="checkbox"/> 8. Loss of assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 9. Loss of one-time income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10. Medical/Dental expenses not covered by insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 11. Loss of social security/ disability benefits/ child support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12. Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 13. Death of family member		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 14. Other special circumstances, please explain (It may be necessary to explain further on a separate sheet of paper):								

**Explanation of Circumstances:** (please use this space to provide a written explanation of the circumstances on this form)

Send completed form with the required supporting documentation to:

Kamehameha Schools  
Applicant Services Center, Suite 102  
567 S. King Street  
Honolulu, HI 96813

Any questions, please contact the Applicant Services Center at:

(808) 534-8080 O`ahu  
(808) 572-3133 Maui  
(808) 982-0100 Hawai`i  
Fax (808) 523-6289  
Toll Free: 1-800-842-4682, press 9, then extension 48080  
Email: [finaid@ksbe.edu](mailto:finaid@ksbe.edu)

## Supporting Documents to be submitted with Financial Aid Reconsideration Request Form

Reason for reconsideration	Required supporting documentation
1. Disagree with application status (Late, Incomplete, Ineligible) or Decision made (Denied, No Funds, Not Selected)	<p>Copy of documentation to dispute application status or decision made.</p> <ul style="list-style-type: none"> <li>• USPS Service Receipt</li> <li>• Verification of Hawaii Residency (one of the following): <ul style="list-style-type: none"> <li>○ Signed copy of filed 2009 Hawaii state tax forms</li> <li>○ Copy of 2009 Voter registration verification</li> <li>○ College student tuition status documentation</li> </ul> </li> </ul>
2. Change of school	Copy of institution's acceptance letter or proof of enrollment.
3. Change of academic status	Copy of official transcripts, letter from school representative to confirm program, enrollment, conferred/anticipated degree from school representative.
4. Change of residence	Copy of current rental agreement or housing contract.
5. Change in size of family	Copy of birth certificate or court documents of adoption for added family member.
6. Change in employment status <ul style="list-style-type: none"> <li>• Termination, unemployment, change of employment, change of employment from full time to part time, position change, decrease in salary/wages, retirement</li> </ul>	<ul style="list-style-type: none"> <li>• Last pay stub for previous employer in current calendar year for student, spouse, parents (s); if applicable</li> <li>• Recent pay stub for current employer for student, spouse, parent(s); if applicable</li> <li>• Termination letter</li> <li>• Unemployment insurance benefits</li> <li>• Letter from employer evidencing employment status change</li> <li>• Documentation regarding any anticipated retirement benefits (including social security) for the current year.</li> </ul>
7. Change in marital status	<ul style="list-style-type: none"> <li>• Copy of marriage certificate, separation agreement or divorce decree</li> <li>• If no separation agreement or divorce decree, provide a statement indicating date of intended divorce/separation <ul style="list-style-type: none"> <li>○ Separation must be with the intent to divorce; couple must be at different addresses</li> </ul> </li> <li>• Is there an agreement of financial support payments (e.g. child support)? <ul style="list-style-type: none"> <li>○ If yes, please list amount of child support payment and provide proof of child support payments</li> </ul> </li> <li>• List of dependents in current household</li> </ul>
8. Loss of assets	Copy of documentation evidencing loss of assets (e.g., letter from the lender or financial institution, financial statements after date of loss, etc.)
9. Loss of one-time income <ul style="list-style-type: none"> <li>• Capital gains</li> <li>• IRA withdrawals</li> <li>• Gambling earnings</li> <li>• Miscellaneous income</li> </ul>	<ul style="list-style-type: none"> <li>• Amount and source of income</li> <li>• Signed copy of prior year federal tax return</li> <li>• Documentation of IRA rollover, if applicable</li> <li>• Documentation of Early Distribution of Retirement fund spending, (i.e. HUD Statements, Educational Loan Statements, Legal Fees &amp; Major Medical/Hospital Invoices</li> <li>• Explanation and itemized list of "how the money was used"</li> </ul>
10. Medical/dental (non-cosmetic only) expenses not covered by insurance.	<ul style="list-style-type: none"> <li>• Total expenses incurred</li> <li>• Total paid by insurance</li> <li>• Total amount still due/outstanding</li> <li>• Copy of the most current medical/dental bill statement showing amounts paid and outstanding</li> </ul>
11. Loss of social security/child support	<ul style="list-style-type: none"> <li>• Documentation from agency providing benefits that states when benefits stopped and amount received (if any) in the current year for all family members.</li> </ul>

12. Loss of disability benefits	<ul style="list-style-type: none"> <li>• Date disability occurred</li> <li>• Proof of disability (medical documentation, letter from vocational rehabilitation, etc.)</li> <li>• Proof of disability income</li> </ul>
13. Death of family member	Provide copy of the death certificate and a documentation regarding any anticipated insurance proceeds for the current year.
14. SAP/Max terms	Referral to Post High Counselor or Scholarship Administrator and Counselor.
15. No Funds decision	Case by case requirements.
16. Other	Generally any supporting documentation is required. Such as receipts from third party handlers. Case by case requirements maybe requested.
17. Hawaiian Ancestry Verification	Contact the Ho'olu Hawaiian Data Center at 523-6228 or toll free: 1-800-842-4682, press 9 then dial extension 36228 to discuss reconsideration.