



**2015-16 Financial Aid Review Request Form
Regular Decision 11**

Student Name (please print): _____ **Colby ID#:** _____

To request a review based on **significant, non-discretionary changes** in family financial circumstances please provide the following detailed financial information. Be sure to include both the reason for the change(s) and dollar amounts. Actual 2014 federal tax returns, statements, or other appropriate documentation will be required to finalize additional financial aid. ***This form and supporting documents must be received no later than April 17, in order to have the results before the enrollment deadline May 1, 2015.***

1. Parental Income - Non-discretionary reduction in total income from 2014 to 2015.

In most cases a change in parental income must be confirmed once actual 2014 income is known and documentation is available.

Parent affected	Explanation of income change (e.g. job loss, reduction in overtime, death of a parent)	Date(s) of impact

Include **all** appropriate items from **BOTH 2014** and (expected) **2015** federal income tax returns, if filing. Since the 2014 returns have not yet been filed please use estimates (to be confirmed later with a copy of the actual return).

Income Itemization (e.g. father's wages, mother's wages, interest, dividends, untaxed income, such as retirement contributions, unemployment compensation, severance package)	2014	2015	Change
Adjusted Gross Income			
Income Itemization:			
Untaxed Income:			
Untaxed Income Itemization:			

2. Estimated Changes for 2015

Expenses	2015 Estimate	Change
Medical expenses not covered by insurance (from 1040, Schedule A, Line 1, if filing)		
Urgent home repair to be completed this year. Please specify.		
Sibling enrollment in college. Include name of college, tuition charge and grant aid amount.	Name of Institution: _____ Tuition Charge: _____ Grant/Gift aid amount: _____ Parent Contribution to cost of education: _____	
Additional housing costs if parents recently divorced or separated. Itemize amounts and types of expense below.		

3. Other circumstances and additional information (please attach additional pages of explanation if needed):

3. If other awards are the basis of your review request, we will require a copy of the offer(s) for the review process.

We shall make every effort to communicate the results of the financial aid review by April 29.

By signing this form, I certify that all information reported on this form and on CSS Profile is complete and correct to the best of my knowledge as of the date completed. I further understand that any additional financial aid awarded on the basis of estimated 2015 income may be revised if actual income is greater than estimated.

Parent Signature

Date

Student Signature

Date _____