

2009-10 STUDENT REEVALUATION REQUEST FORM

Student's Name _____ Reed ID # (if known) _____

By completing and submitting this form, you are requesting the Reed College Financial Aid Office to reevaluate your financial situation based on unusual or special circumstances. The Reed College Financial Aid Office reviews such requests on an individual, **one time only** basis and will respond in writing as to the results of this review.

Part I. DOCUMENTATION:

If you have not submitted a copy of your 2008 IRS Income Tax Return and W-2 statements to the financial aid office, submit a copy with this request. In addition, if your request for reevaluation of aid eligibility is based on:

- Loss of employment, (your or your spouse is terminated, fired, or laid off), provide a copy of the notice of termination from the employer or a Dislocated/Displaced Worker certificate from the Employment Division or its designee. If loss of employment is voluntary, explain the circumstances. If your spouse is employed, submit a copy of the most recent paystub.
- Loss of income due to a disabling illness or injury, provide a letter from the doctor which includes the date(s) your or your spouse was treated for the illness/injury and a brief description of how the illness/injury interfered with the ability to work.
- Involuntary reduction or elimination of child support, unemployment compensation, Social Security benefits, etc., provide a letter from the agency indicating the date of the change and the revised amount.
- Separation or divorce after the 2009-10 applications are filed, provide the date of separation/divorce. Also provide an updated statement of the current number of family members you will support, and the number of those who will attend college at least halftime in 2009-10. **Do not include the income or taxes to be paid information of the spouse in Part II.**
- Death of a spouse whose information is included in your completed 2009-10 financial aid, provide the date of death. Also provide an updated statement of the current number of family members you support and the number of those who will attend college at least halftime in 2009-10.

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02/09 STU-REEVAL

Part II. INCOME INFORMATION - To be completed by student and spouse (if applicable).

Complete all lines, providing the best estimate of **expected** (*i.e.* anticipated, likely) income. Use "0" if the answer is none or not applicable. **Do not leave questions blank.**

Taxable expected income and benefits:

Student's gross calendar year wages, Jan. 1, 2009 – Dec. 31, 2009 \$ _____

Student's gross academic year wages, July 1, 2009 – June 30, 2010 \$ _____

Spouse's gross calendar year wages, Jan. 1, 2009 – Dec. 31, 2009 \$ _____

Spouse's gross academic year wages, July 1, 2009 – June 30, 2010 \$ _____

Other 2009 taxable income (interest income, rental income, unemployment compensation, etc) \$ _____

Any other taxable income \$ _____

Nontaxable 2009 expected income and benefits:

Social Security and/or Veterans benefits \$ _____

Child Support received for all children \$ _____

Untaxed portions of pension benefits \$ _____

Untaxed payments to retirement plans \$ _____

Any other untaxed income or benefit \$ _____

2009 expected U.S. income tax to be paid (do not include state tax, Social Security withholdings, etc.) \$ _____

Part III. – READ AND SIGN

All of the information included in this form is true and complete to the best of my knowledge. I agree to provide additional documentation of the above statements if requested to do so. I also agree to update the financial aid office if these projections change at any time during 2009.

Student's signature

Date

Spouse's signature

Date

Submit this form to the Office of Financial Aid, Reed College, 3203 SE Woodstock Blvd, Portland, OR 97202-8199.

02/09 STU-REEVAL