



**REQUEST FOR FINANCIAL AID AWARD REVIEW**

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Dependent Student: Parent's Name \_\_\_\_\_ Parent's Day Phone \_\_\_\_\_

Parent's Email address \_\_\_\_\_

**Situations may occur that affect your eligibility for federal financial aid. Please complete this form to document those situations. Decisions are based on the documentation provided and the guidelines established by Mississippi University for Women and federal/state regulations. All decisions are final. Your request for re-evaluation will not be reviewed until we receive all of the required documentation. Please allow 2-6 weeks after receipt for review and evaluation.**

Award reviews may be requested at any time because of changes in family circumstances. Check only the ones that are applicable to your family's specific situation and **submit supporting documentation** with this form. In addition to submitting the supporting documentation, you will need to submit the tax transcript and verification worksheet.

\_\_\_ Loss/Reduction of Work Income. Provide documentation such as termination notice/retirement/resignation letter accompanied by most recent pay stub. May include job termination/retirement/resignation or loss due to a natural disaster.

\_\_\_ Loss of Unemployment or some Untaxed Income or Benefit. Provide documentation such as termination of benefits notification from appropriate agency. May include child support, social security, retirement benefits, or welfare.

\_\_\_ Loss of other taxable income. Provide documentation such as court order or loss of benefits notification. May include alimony or retirement benefits.

\_\_\_ Household's unusually high unreimbursed medical and dental expenses. Provide documentation showing amount paid.

\_\_\_ Loss of support from parent or spouse, due to separation, divorce, or death. Provide court papers for separation or divorce, and copies of W-2's from the student, parent, or spouse. If death, provide copy of death certificate.

\_\_\_ Unusually high child care costs or payment of elementary and/or secondary tuition. Provide statement of amount paid.

\_\_\_ Received a one-time payment or cash benefit that abnormally affected reported income. Provide relevant documentation of payment or benefit information.

\_\_\_ Any other information or changes affecting your financial situation.

Please use this section to provide additional information describing the basis for your request. You may attach additional letters or documents you think will support your request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

By signing below, I certify that the information contained on this form is true and complete to the best of my knowledge. Upon request, I will provide any additional documentation to substantiate the information provided.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Mississippi University for Women  
Office of Financial Aid  
1100 College Street, MUW 1614  
Columbus, MS 39701  
662-329-7114 / FAX 662-329-7325**