



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**