MACALESTER

financialaid@macalester.edu macalester.edu/financialaid SECURE FILE UPLOAD upload.macalester.edu

Ot --- -- -- -- N ---- -

FINANCIAL AID OFFICE

1600 Grand Avenue, St. Paul, Minnesota 55105-1899

PHONE (651) 696-6214 TOLL FREE (800) 231-7974 FAX (651) 696-6866

2023-2024 REQUEST FOR RECONSIDERATION OF FINANCIAL AID ELIGIBILITY

| If this review results in a change to the financial aid page | ckage, a new financial aid letter will be sent to the student. Please | |
|---|--|--|
| | t questions arise during the review. Responses are normally sent | |
| Name(s): | e-mail: | |
| Street: | | |
| City/State/Zip | | |
| This form may be used to request that the Financial Ai | n unexpected and uncontrollable changes in financial circumstances. id Office review these changes and determine if additional financial aid available to applicants requesting review. Available funding is a | |
| Students and parents may request a review of | To request a review: | |
| financial aid eligibility if ◆ there has been a significant and unforeseen | Send your request on this form. You may attach a letter and other materials if necessary, but you must | |
| change in family circumstances since filing | complete the relevant sections of this form. | |
| the original application for financial aid; | Returning Macalester Students: Please provide copies of parent 2021 and 2022 tax returns, if we | |
| there are circumstances that were not presented as part of the original financial aid application | do not have them already. ◆ If you are requesting a review of both fall & spring | |
| | semester aid, send your request before | |
| the information on the original application was inaccurate. | October 1, 2023. ♦ If you are requesting a review of spring semester aid | |
| | only, send your request before February 15, 2024. | |
| | | |
| SECTION 1: REQUESTED INCREASE | | |
| Additional aid requested for | (Although we are not always able to increase financial aid by the | |
| the 2023-2024 academic year: \$ | requested amount, this section helps the Financial Aid Office understand the magnitude of your change in circumstances.) | |
| | | |
| SECTION 2: CHANGE IN FAMILY SI | ZE trents, change in the number of family members dependent upon | |
| parents' income, change in number of family members | | |
| | | |
| | | |
| | | |

SECTION 3: CHANGE IN FAMILY INCOME

Financial aid eligibility for 2023-2024 is normally based on 2021 family income. Complete this section if total family income for 2022 or 2023 will be significantly less than in 2021. **Write "zero" where appropriate**; do not leave blanks.

| Estimated income for: | January 1, 2022 - December 31, 2022 | January 1, 2023 - December 31, 2023 | |
|--|--|--|--|
| a) Parent 1 projected income from wages or salary (do not include wages that are reported on line i, below) | \$ | \$ | |
| b) Parent 2 projected income from wages or salary (do not include wages that are reported on line i, below) | \$ | \$ | |
| c) Interest and dividends | \$ | \$ | |
| d) Unemployment compensation (\$for weeks) | \$ | \$ | |
| e) Severance pay | \$ | \$ | |
| f) Other taxable income (specify:) | \$ | \$ | |
| g) Child support (for which children: |) \$ | \$ | |
| h) Public assistance (which program(s): | .) \$ | \$ | |
| i) Other non-taxed income (specify:) Include contributions to 401(k), 403(b) or other retirement plan. | \$ | \$ | |
| Projected Total income | \$ | \$ | |
| Date parent's employment ceased (if applicable) SECTION 4: UNUSUAL EXPENSES If there have been uncontrollable changes in the family's expenses each expense and the amount you expect to pay toward that experimancial aid eligibility include medical expenses and sibling educations. | s, please explain here. <i>Ir</i> | les of expenses that may affect | |
| SECTION 5: MISCELLANEOUS CIRCUMSTA Please attach additional pages if you would like to explain other ci changes shown above. CERTIFICATION (ALL APPLICANTS) The information above is accurate and complete to the best of our soon as they are available. We understand financial aid eligibility r estimates provided here. We will notify the Financial Aid Office if or | rcumstances or provide a knowledge. We will prov nay be revised if actual in | additional information about the ride 2022 federal tax returns as | |
| Student Signature: | Information Release Policy If review of this request warrants a revised financial aid package, notification will be sent to the student. | | |
| Parent(s) Signature: | | | |
| Date: | delivered to the st | Macalester's response to this request may instead be delivered to the student's parents if parent circumstances are part of the request. | |