

MACALESTER

financialaid@macalester.edu

macalester.edu/financialaid

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FINANCIAL AID OFFICE

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

PHONE (651) 696-6214

TOLL FREE (800) 231-7974

FAX (651) 696-6866

2026-2027 REQUEST FOR RECONSIDERATION OF FINANCIAL AID ELIGIBILITY

Student Name: _____

Macalester ID # _____

If this review results in a change to the financial aid package, we will send a new financial aid letter to the student. Please provide contact information to be used in the event that questions arise during the review. Responses are normally sent within three weeks.

Name(s): _____

e-mail: _____

Street: _____

City/State/Zip _____

Macalester is interested in helping families cope with unexpected and uncontrollable changes in financial circumstances. This form may be used to request that the Financial Aid Office review these changes and determine if we can award additional financial aid. Additional aid is not always available to applicants requesting review. Available funding is a consideration in determining the outcome of a review.

Students and parents may request a review of financial aid eligibility if

- ♦ there has been a significant and unforeseen change in family circumstances since filing the original application for financial aid;
- ♦ there are circumstances that were not presented as part of the original financial aid application
- ♦ the information on the original application was inaccurate.

To request a review:

- ♦ Send your request on this form. You may attach a letter and other materials if necessary, but you must complete the relevant sections of this form.
- ♦ **Current Macalester Students:** Please provide copies of parent 2024 and 2025 tax returns, if we do not have them already.
- ♦ If you are requesting a review of both fall & spring semester aid, **send your request before October 1, 2026.**
- ♦ If you are requesting a review of spring semester aid only, **send your request before February 15, 2027.**

SECTION 1: REQUESTED INCREASE

Additional aid requested for
the 2026-2027 academic year: \$ _____

(Although we are not always able to increase financial aid by the requested amount, this section helps the Financial Aid Office understand the magnitude of your change in circumstances.)

SECTION 2: CHANGE IN FAMILY SIZE

Including death of a parent, divorce or separation of parents, change in the number of family members dependent upon parents' income, change in number of family members enrolled in college. Please explain:

SECTION 3: CHANGE IN FAMILY INCOME

Financial aid eligibility for 2026-2027 is normally based on 2024 family income, so this section provides us with information about your more recent income. **Do not leave this section blank.**

Estimated income for:

January 1, 2025
- December 31, 2025

January 1, 2026
- December 31, 2026

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	\$ _____	\$ _____

Please explain the reason for the changes shown above (unemployment, layoffs, strike, etc.) and attach documentation showing these changes (unemployment compensation letters, pay statements, etc.).

Date parent's employment ceased (if applicable) _____

SECTION 4: UNUSUAL EXPENSES

If there have been uncontrollable changes in the family's expenses, please explain here. *Include the projected amount of each expense and the amount you expect to pay toward that expense during 2026.* Examples of expenses that may affect financial aid eligibility include medical expenses and sibling educational expenses.

SECTION 5: MISCELLANEOUS CIRCUMSTANCES & ADDITIONAL INFORMATION

Please attach additional pages if you would like to explain other circumstances or provide additional information about the changes shown above.

CERTIFICATION (ALL APPLICANTS)

The information above is accurate and complete to the best of our knowledge. We will provide 2025 federal tax returns as soon as they are available. We understand financial aid eligibility may be revised if actual income differs significantly from the estimates provided here. We will notify the Financial Aid Office if our situation improves.

Student Signature: _____

Parent(s) Signature: _____

Date: _____

Information Release Policy

If review of this request warrants a revised financial aid package, notification will be sent to the student. Macalester's response to this request may instead be delivered to the student's parents if parent circumstances are part of the request.