

PLEASE CALL US BEFORE YOU DOWNLOAD AND COMPLETE THIS FORM

REQUEST FOR FINANCIAL AID RECONSIDERATION

To request a reconsideration of your financial aid eligibility for 2010/11, complete and return this worksheet, providing information for all items. If your FAFSA required information for your parents, provide that information on this form also. If your FAFSA did not require parental information, provide information on this form only for yourself and your spouse.

STUDENT NAME:

SSN: --- ---

1. Do you expect 2010 Income and Benefits to be significantly less than 2009?
 NO - skip this question and complete questions 2 through 5.
 YES - briefly explain the reason for the decrease and project total income and benefits that you expect to receive during 2010 (itemized in sections a-m). Please provide a copy of 2009 federal tax returns and W-2's.

	PARENTS	STUDENT and SPOUSE
a. Your total expected income from work in year 2010 (<i>provide most recent check stub showing year-to-date earnings, and provide calculation basis for remaining 2010 earnings – attach documentation to this form</i>)		\$
b. Your spouse's total expected income from work in 2010 (<i>document as described above</i>)		\$
c. Father's total expected income from work in 2010 (<i>document as described above</i>)	\$	
d. Mother's total expected income from work in 2010 (<i>document as described above</i>)	\$	
e. Total Unemployment benefits to be received in 2010 (<i>documentation</i>)	\$	\$
f. Other expected taxable income in 2010 (<i>identify by source</i>)	\$	\$
g. Total Social Security Benefits to be received in 2010 (<i>documentation</i>)	\$	\$
h. Total child support to be received in 2010	\$	\$
i. Total child support to be paid in 2010	\$	\$
j. Total AFDC/welfare benefits to be received in 2010	\$	\$
k. Other non-taxable income in 2010 (<i>identify source</i>)	\$	\$
l. Other non-taxable income in 2010 (<i>identify source</i>)	\$	\$
m. Other non-taxable income in 2010 (<i>identify source</i>)	\$	\$
2. 2009 Medical/Dental Expenses not covered by insurance	\$	\$

COMPLETE REVERSE SIDE ALSO

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<p>3. Elementary, junior high and high school private school tuition paid for dependent children in 2010. <i>Don't include tuition paid for the student applicant.</i></p> <p>For how many children?</p>	\$	\$	
<p>4. What is the current market value of the home that you own and reside in?</p> <p>What is the current total debt on that home?</p>	\$	\$	
<p>5. Use this space (or attach separate sheet -- dated, signed and identified with student's Social Security Number) to explain any unusual expenses or circumstances that affect your ability to contribute to Concordia University educational costs.</p>			
<p>I am providing the information on this form to request reconsideration of financial aid eligibility for 2010/11. All of the information provided by me or any person on this form is true and complete to the best of my knowledge. I understand that this certification is being provided jointly by all signatories. If asked by an authorized official, I agree to give proof of the information I have given on this form. I also realize that if I do not give proof when asked, the student may be denied aid.</p>			
Student	Date	Spouse	Date
(Step)Mother	Date	(Step)Father	Date
<p><i>This form must be signed by all persons for whom information is required on the FAFSA.</i></p>			