

# Dartmouth

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Office of Financial Aid

**CLASS OF 2012 • REQUEST FOR FINANCIAL AID AWARD REVIEW**

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Award reviews may be requested at any time because of changes in family circumstances. This form suggests areas affecting your award which may have changed or may not have been reported on the *FAFSA*. Complete only the fields which are applicable to your family's specific situation and submit supporting documentation with this form. Your appeal will be reviewed by the Financial Aid Committee. Please be aware that all aid from Dartmouth is need-based.

1. Family size and/or the number of dependent family members attending college are different from that reported earlier:

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2. Expenses beyond the family's control (high medical and dental expenses or any other unusual expense) were not included on the forms originally or have changed since they were submitted. Be specific about unreimbursed out-of-pocket costs to the family, such as elderly parent care:

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3. Any other information or changes affecting your financial situation that you want us to consider:

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4. Parents' Income: IF the 2008 income will be at least 10 - 15% lower than 2007 income, and the change was not reported on the FAFSA. (If you reported such a change already, the College may have used estimated year income in reaching its aid decision. Check your award letter notes.) **If 2008 income is the same or higher than 2007, do not complete this section.**

<b>ESTIMATED TAXABLE INCOME</b>	<b>2008</b>
Father/stepfather's taxable wages on tax return	
Mother/stepmother's taxable wages on tax return	
Interest and dividends	
Rental/business/capital losses	
Rental/business/capital gains	
IRA/Pension: (total _____ rollover _____ )	
Unemployment compensation	
Other (source: _____ )	
<b>TOTAL INCOME</b>	<b>\$</b>
Less IRA, Keogh and self-employed SEP and SIMPLE plans	-
Less any other adjustments to income (lines 23-35)	-
<b>ADJUSTED GROSS INCOME</b>	<b>\$</b>

<b>ESTIMATED UNTAXED INCOME</b>	<b>2008</b>
Pre-tax pension contributions (difference between "Medicare wages" and "taxable wages" on W-2)	
IRA/Keogh payments	
Earned Income Credit	
Tax-exempt interest/dividends	
Housing/living allowance	
Workers' Compensation	
Child Support	
Social Security (for all family members)	
Other (source: _____ )	

Certification: I/we certify that the data on this form is correct and accurate to the best of my/our knowledge. If requested, I/we agree to provide whatever documentation may be necessary to verify the information on this request.

\_\_\_\_\_  
(Parent's Signature)

Date \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

Date \_\_\_\_\_

E-mail \_\_\_\_\_

FAX # \_\_\_\_\_