

# **Financial Aid Adjustment Request Form**

Use the sections of this form to request adjustments to your financial aid award. Although we try to accommodate your preferences in making adjustments, some requests are limited by federal and institutional policies. Each time your financial aid award is revised you will be sent notification via email to view the changes online. Please contact the Financial Aid Office by email at [financial.aid@dartmouth.edu](mailto:financial.aid@dartmouth.edu) if you have any questions.

## **SECTION I. - SCHOLARSHIP DATA SHEET**

Dartmouth College annually awards a number of need-based endowed scholarships to promising financial aid recipients. To aid in our reporting to donors and in our selection of new scholars, we ask that you complete the following data sheet, giving us permission to share this data, as well as your numerical G.P.A., with potential donors.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

ID or Social Security Number: \_\_\_\_\_

### **Academic Information:**

High school attended: \_\_\_\_\_

Hometown: \_\_\_\_\_

Favorite courses/fields of study: \_\_\_\_\_

Academic honors or recognition:

\_\_\_\_\_

\_\_\_\_\_

Special summer programs or college courses taken while in high school:

\_\_\_\_\_

\_\_\_\_\_

### **Extracurricular Activities:**

High school clubs/organizations/activities; including offices held (please do not abbreviate names):

\_\_\_\_\_

\_\_\_\_\_

Employment while in high school: \_\_\_\_\_

Other outside interests: \_\_\_\_\_

Planned Dartmouth activities: \_\_\_\_\_

If you are a relative/descendant of an alumnus(a) of the College, please specify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Class: \_\_\_\_\_

Other pertinent information about you and your family:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION II. – OUTSIDE SCHOLARSHIPS AND AWARDS**

I expect to receive the following scholarship awards:

Source:	Amount:	Renewable (Y/N):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please reduce my loan, employment and/or expected family contribution (if allowable) in the following order (*indicate your preference for reduction with number 1 – 3*):

Loan: \_\_\_\_\_ Employment: \_\_\_\_\_ Family Contribution: \_\_\_\_\_

Please apply outside scholarship funds to cover my expected contribution towards computer and/or health insurance expenses:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**SECTION III. – COMPUTER LOAN REQUEST**

I wish to apply for a loan in the amount of: \$\_\_\_\_\_. (**The loan amount cannot exceed \$1,562, the cost of the basic laptop package.**)

Note: Additional information regarding recommended computers is available on the Dartmouth College website at:

<http://www.dartmouth.edu/comp/resources/facilities/store/recommended/>

**SECTION IV. – HEALTH INSURANCE FEE LOAN REQUEST**

In 2009-2010, the College’s health insurance fee is \$1,786. For those students receiving need-based financial aid awards, this fee will be covered in either one of two ways depending on your financial aid eligibility:

1. If you are receiving Dartmouth scholarship funds in your financial aid, one-half of this fee will be covered with additional scholarship. The remaining amount may be covered through an additional loan or work-study. If you wish to receive a loan, please complete the following:

**I wish to apply for a loan in the amount of \$893 to cover one-half of the health insurance fee.**

2. If you are not receiving Dartmouth scholarship funds but other need-based assistance, you may request an additional loan to cover the full amount of the health fee of \$1,786.

**I wish to apply for a loan in the amount of \$1,786 to cover the health insurance fee.**

**SECTION V. – STUDENT LOAN/EMPLOYMENT ADJUSTMENT REQUEST**

This portion of the form may be used to request a change in the distribution and/or amount of your self-help (job/loan). You may also petition for an increase in your self-help level to meet additional educational expenses or to replace your expected leave term earnings.

**Requested Revision:**

- Replace \$\_\_\_\_\_ of expected family contribution with additional loan assistance. (Loan source will be based on current award and availability of funds.)
- Increase work-study/employment funding. Please indicate amount: \$\_\_\_\_\_
- Decline/Reduce awarded loan assistance:

**DECLINE**

**REDUCE**

(Please indicate loan amount you wish to decline/reduce)

Federal Stafford Loan	_____	_____
Federal Perkins Loan	_____	_____
Dartmouth Loan	_____	_____

**Annual Federal Student Loan Maximums**

<b>Stafford:</b>	<u>First Year: \$5,500</u>	<u>Sophomore: \$6,500</u>	<u>Junior and Senior: \$7,500</u>
	Subsidized: \$3,500	Subsidized: \$4,500	Subsidized: \$5,500
	Unsubsidized: \$2,000	Unsubsidized: \$2,000	Unsubsidized: \$2,000

Federal Subsidized Stafford Loans are awarded based on financial need. The interest rate for these loans is 5.6%. You will not be charged any interest while you are in school or during authorized periods of deferment. Federal Unsubsidized Stafford Loans are not awarded on the basis of need. The interest rate for these loans is 6.8%. You can begin paying the interest while enrolled or capitalize the interest (add the interest to the loan’s principal) during periods of enrollment and deferment. **If you request an increase to your Federal Subsidized Stafford Loan and based on federal guidelines we are unable to meet your request, do you wish to borrow a Federal Unsubsidized Stafford Loan in its place?**

**YES**

**NO**

**Perkins:** \$5,500 for all grade levels and are awarded based on availability.

**Certification**

I certify that all the above information reported on this form is true and complete to the best of my knowledge. I understand that I may need to provide additional documentation upon request in support of this petition and that all changes will be determined by both Dartmouth and Federal awarding policies and limitations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Social Security/Dartmouth ID#: \_\_\_\_\_