

2017-2018
Request for Review of Financial Aid Eligibility
 Lake Michigan College
 2755 E. Napier Avenue, Benton Harbor, MI 49022
 (269) 927-8112

Student's Name _____ Social Security # _____
 Telephone # _____ LMC ID # _____

The Lake Michigan College Financial Aid Office recognizes that some students and their families may experience *special circumstances* which affect their family's ability to pay for college. This form outlines the types of circumstances which may be grounds for a reevaluation of your financial aid eligibility. **This process can take 6-8 weeks to complete.**

To request a review of your financial aid eligibility, **you MUST do all of the following:**

1. **Complete the Free Application for Federal Student Aid (FAFSA)** with your original 2015 information as requested on the form. The special circumstances you are reporting **SHOULD NOT** be reflected on the FAFSA.
2. **Write a letter** indicating the circumstances that you consider grounds for a review of your financial aid eligibility. Explain **IN DETAIL** the condition or situation that changed as compared to your 2015 information. Include specific events, circumstances, dates and amounts in your explanation. For dependent students, the letter must be written and signed by a parent.
3. **Complete the Verification documents** for the 2015 information required on the FAFSA. This will include the Verification Form which you may download at www.lakemichigancollege.edu/finaid and clicking on the "Forms and Documents" links. Also, provide a copy of the 2015 Tax Return Transcript as requested on the Verification Form. (Available from the IRS at www.irs.gov/transcript).

PART I. Check the box next to the general condition below that applies to your request for review and provide all of the required documentation.

<input type="checkbox"/>	Loss or Reduction of Employment	You, your parent, or a spouse was employed in 2015, but is now unemployed or is working reduced hours.
<ul style="list-style-type: none"> • From the dependent student's parents: submit copies of the most recent pay check stub for all jobs held by both parents (if married). If Request for Review is being completed after December 1, 2016 – we REQUIRE a signed 2016 tax return or tax return transcript if sufficient time has passed for transcript to become available. (Available from the IRS at www.irs.gov/transcript) • From student: copy of the most recent pay check stub for all jobs held by both the student and their spouse throughout 2016. If Request for Review is being completed after December 1, 2016 – we will REQUIRE a signed 2016 tax return or tax return transcript if sufficient time has passed for it to become available. (Available from the IRS at www.irs.gov/transcript) • Statement from state agency detailing the <i>gross amount</i> and duration of unemployment benefits. If none received, please provide a written explanation of why if unemployed not receiving benefits. • Complete the Projected Income grid using estimated 2017 income information on page 3. 		

<input type="checkbox"/>	Loss of Earnings due to Disability	<p>You, your parent, or spouse was employed in 2014, but has not been able to earn money for at least 8 weeks in 2015 because of a disability.</p> <ul style="list-style-type: none"> ➤ Letter from physician stating a) date of disability and anticipated duration; b) ability to work due to disability/illness. ➤ Statement from employer or insurance company detailing amount and duration of disability benefits. ➤ Completion of Projected Income grid on page 3.
	Loss of Benefits or Unearned Income	<p>You, your parent, or spouse received unemployment or some other unearned income or benefit in 2015, but will not receive it for 2016. This income or benefit must have been paid by a public or private agency, a company, or from a person as a result of a court order.</p> <ul style="list-style-type: none"> • Statement from agency listing the amount and date of termination of benefits. • If you are losing child support, you must provide a statement from an attorney or state agency (such as Michigan Friend of the Court) listing termination date and amount of child support. • Completion of Projected Income grid on page 3.
	Medical/Dental Expenses or Elementary/Secondary School Tuition	<p>Medical/dental expenses paid during 2016 that were not covered by insurance and/or tuition paid in 2016 for dependent children in private elementary or secondary school.</p> <ul style="list-style-type: none"> • Receipts for medical/dental expenses PAID in 2016 • Receipts for tuition PAID in 2016
	Separation or Divorce	<p>You have already applied for federal student aid and since that time you/your parents have divorced or separated.</p> <ul style="list-style-type: none"> • Copy of the divorce/separation decree that states: a) date of separation; b) amount and duration of child support and/or alimony or maintenance support paid; c) division of assets; d) custody rights for any/all dependent children in the household.
	Death	<p>You have already applied for federal student aid and since that time your parent/stepparent or your spouse has died.</p> <ul style="list-style-type: none"> • Documentation of any life insurance benefits. • Copy of death certificate.
	Other	<p>You have circumstances that do not meet any of the previously described categories. Please explain below.</p>

PART II. In the spaces below, please provide year-to-date earnings for 2017 as provided on your accompanying documentation. Next, project your anticipated income through the end of 2017. Use your wage, unemployment documentation, etc. to estimate what wages and benefits will be received through the end of the year. Combine for total 2017 estimated income.

Projected Income January 01, 2017- December 31, 2017	Actual Earnings 01/01/2017 – Today	Estimated Earnings Today – 12/31/2017	Total Estimated Earnings 01/01/2017-12/31/2017
Wages from Working			
Unemployment Income			
Social Security Income			
Child Support			
Other (List):			

CERTIFICATION STATEMENT: I certify that all information submitted with this request is true and complete to the best of my knowledge. If asked, I agree to provide additional documentation to the Financial Aid Office at Lake Michigan College. I understand that if I knowingly make a false statement or misrepresentation, further financial aid may be denied and repayment of current financial aid may be required.

Student Signature (Required)

Date

Spouse/Parent Signature (Required)

Date

DO NOT WRITE BELOW THIS POINT – FAA USE ONLY

2016 Projections

Adjusted Gross Income \$ _____

Income Earned from Work \$ _____

Income Tax Paid \$ _____

Tax Table AGI%

Untaxed Income Amounts \$ _____

Other \$ _____

I have reviewed this form and all submitted documentation and hereby **APPROVE** **DENY** this request.

COMMENTS:

 _____ NEW EFC: _____

FAA SIGNATURE _____ DATE: _____