

LAFAYETTE COLLEGE

Office of Financial Aid

Easton, PA 18042 • Tel (610) 330-5055

2020-2021 Aid Year Request for Review of Financial Aid Decision

Student Name: _____ Parent/Guardian Name: _____
 Lafayette ID: _____ Parent/Guardian Email: _____

Your financial aid award was based on our careful analysis and thorough review of your CSS Profile, FAFSA, and 2018 tax returns.

If any information previously provided has changed, or if new information is available, you may submit an appeal. Appeals will only be considered for those with complete aid applications. More information can be found at <https://admissions.lafayette.edu/financial-aid/apply-for-aid/>.

Please complete this form and return it to the Office of Financial Aid along with *all required* documentation noted with your selected reason for review. You may also submit a supplementary letter providing further explanation of your situation. The Appeals Committee may request additional documentation, if needed.

Reason for Review	Please Check	Required Documentation
Involuntary change of employment or other income	<input type="checkbox"/>	Change in employment resulting in net reduction of income (new job, reduced pay, termination of employment): <input type="checkbox"/> Letter of explanation describing change, along with documentation from employer <input type="checkbox"/> 2019 Federal tax return and all W2s
	<input type="checkbox"/>	Termination or reduction of untaxed benefits (Social Security, child support, disability): <input type="checkbox"/> Documentation of reduction from granting authority <input type="checkbox"/> Explanation of change from granting authority <input type="checkbox"/> 2019 Federal tax return and all W2s
	<input type="checkbox"/>	Termination or reduction of income due to COVID-19: Please note: We may not be able to make adjustments to financial aid awards for the Fall 2020 semester for financial impacts due to COVID-19 if the change in income has not been in effect for more than 12 weeks. If this is the case, please wait to submit an appeal until at least 12 weeks have passed. Required documentation may include: <ul style="list-style-type: none"> <input type="checkbox"/> Current unemployment compensation <input type="checkbox"/> Letter of termination from employer <input type="checkbox"/> 2020 paystubs <input type="checkbox"/> Stimulus payment information <input type="checkbox"/> 2020 untaxed income/benefits

Reason for Review	Please Check	Required Documentation
One-time income	<input type="checkbox"/>	One-time increase in income: <input type="checkbox"/> Documentation of one-time distribution (copy of settlement, Form 1099) <input type="checkbox"/> 2019 Federal tax return and all W2s
Medical expenses	<input type="checkbox"/>	Medical expenses not covered by insurance: <input type="checkbox"/> Documentation of medical bills paid during 2019 that were not covered by insurance <input type="checkbox"/> Documentation of special 2019 expenses relating to a family member with a disability or medical condition (purchase of specially equipped vehicle, required home modification) where expenses were not covered by insurance <input type="checkbox"/> 2019 Federal tax returns including schedule A, and all W2s
Correction of financial aid application: <i>we are unable to consider changes in investment and/or real estate values since the time of application</i>	<input type="checkbox"/>	Correction of financial aid application: <input type="checkbox"/> # in college <input type="checkbox"/> # in household <input type="checkbox"/> Documentation of correct information
Other reason not listed	<input type="checkbox"/>	Other appeal reason: <input type="checkbox"/> Detailed description of the relevant situation, along with appropriate documentation <i>Please note: We are unable to consider appeals based on circumstances that include, but are not limited to:</i> ▶ <i>Expenses that have not yet occurred</i> ▶ <i>Discretionary Expenses (private primary or secondary school, sports, vacations or consumer debt)</i> ▶ <i>Income fluctuation due to overtime, bonuses etc</i>

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

The completed Request for Review and all supporting forms and documentation can be uploaded to the student account at IDOC. Please notify our office at financialaid@lafayette.edu when all documents have been uploaded to IDOC so we can verify their receipt.

Our Appeals Committee meets regularly, and you will be notified of the decision within 10 business days from receipt of your complete appeal.