

2020-2021 Dependent Student Reconsideration Request Form

M.I.

MMC ID Number

Student's Last Name

First Name

| Families who feel they have e consideration during the initial package. All of the following | financial aid review ma | ay request a reconsidera | tion of their financial aid |
|--|--|--|-----------------------------|
| 2020-20Ink Sigr2018 WInk Sigr | Dependent Verificaned copy of Parents 20 22 for Parents, if wages ned copy of Student 20 22 for Student, if wages on for you request for | 18 IRS Tax Transcripts, s earned 18 IRS Tax Transcripts, s earned | if filed |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2. Complete the following t | able: | | 2020 Estimated |
| | 2018 Income | 2019 Income | Income |
| Adjusted gross income | | | |
| Parent 1 income from work | | | |
| Parent 2 income from work | | | |
| Other income | | | |
| Unemployment benefits | | | |
| Disability Benefits | | | |
| Total Income | | | |

Please attach all wage and IRS tax transcript information from the years listed above.

| | Please review the following situations and select the one(s) that apply to your family's nstances. Provide the required additional documentation based on your selection(s), below. |
|-------|---|
| | Parental expenses for private school tuition paid in 2018 for children other than students in college as already reported on the FAFSA Parents' unreimbursed medical expenses Loss or decrease in parental income through separation/divorce Loss of income due to death of parent Loss of income due to loss of employment or disability Other circumstance not listed above |
| Re | equired additional documentation |
| | tal expenses for private school (grammar or high school) tuition paid in 2018 for children than MMC student: |
| | A copy of the 2018 tuition bill OR a statement on school letterhead, signed by school official outlining the amount of tuition paid in 2018. |
| Paren | ts' unreimbursed medical expenses: |
| | 2018 Schedule A from parent's tax return OR copies of all unreimbursed 2018 medical bills |
| Loss | A copy of the separation agreement or letter from attorney stating the earliest date of parents' separation (if the separation is not yet legal, submit proof that parents are living in separate domiciles), or a copy of the divorce decree. |
| Loss | of income due to death of parent A copy of the death certificate of the deceased parent |
| | A copy of letter that notes the last date of employment on company letterhead and signed by a company official A copy of the most recent pay stub A copy of the unemployment benefits statement including the amount of payments remaining A copy of disability benefits receipt (if applicable) |