

REQUEST FOR RECONSIDERATION 2024-2025

The purpose of the reconsideration is to evaluate the student's current financial situation and determine whether these recalculated figures can be put on the FAFSA. For instance, a student entering in the Fall 2024, Spring 2025 or Summer 2025 and has completed the 2024-2025 FAFSA using the 2022 Federal Income Tax information but, in 2023 or 2024 there will be less income in the household or a change in household circumstances (divorce, separation, loss of job, reduction of hours or exorbitant medical bills). In order to complete the reconsideration process, we will need the following:

- *A signed Request for Reconsideration Form for 2024-2025 (do not have to complete other info)
- *Independent or Dependent Verification Form (make sure a valid phone number on here) both forms are available on our website at www.np.edu >admissions >financial aid>forms
- *If you were unable to use the IRS retrieval tool when completing your FAFSA we will need a copy of the 2022 Signed Federal Tax Return or IRS Tax Transcript (for Parents and dependent students or for student and spouse for independent students) You can request a copy by calling 1-800-908-9946 or go online at www.irs.gov and set up an account (match your address exactly to your tax return).

Use the chart below to determine documents needed for the year that your income/circumstance changed Proof of 2023 or 2024 income listed below:

2023 2024

- *2023 Signed Federal Tax Return or IRS Tax
 Transcript (for student and spouse if married and for student and parent if dependent)
- *2023 Federal Tax attachments, Schedule 1, 2 & 3
- *Child support received or paid out in 2023
 *If the reconsideration is due to divorce, please submit the Separation or Divorce Decree or valid proof of separate residences (DHS Document, written statement from landlord, or separate utility bills as well as the 2022 and 2023 W-2's for the student).
- *Last check stub or gross earnings stated on letterhead from any **former employers** in 2024 (write on

the document "last check from former employer". For student/spouse or parents (if applicable) *Latest check stub from students, spouse and parent(s) if applicable current employer showing YTD Gross earnings. Write on the check stub "current employer" and is the amount the typical pay, List when paid, how much per hour and how many hours per week.

- *Proof of Non-Education VA Benefits (VA Disability)
- *Proof of unemployment benefits for 2024
- *Social security disability Income for 2024
- *Child support received or paid out in 2024
- *If due to divorce, proof of div. (prior column)

Request for Reconsideration Based on Extenuating Circumstances 2024-2025

Student's Name:		SSN:		_ Phone:
This form may be used for the 2024-2025 has changed or if you have unusual circu	•		tuation used in	completion of your FAFSA
	Please Circl	e all that apply:		
If you are an Independent student:		If you are a <u>Dependent</u> student:		
Loss of employment or change of employment		You or your parents' loss of employment or change of		
status for you or your spouse.		employment status.		
Divorce/separation of death of your spouse.*		Divorce/separation or death of a parent.*		
Loss of untaxed income (Social Security benefits,		Loss of untaxed income (Social Security benefits, pension, et		
pension, etc.		2000 of untaxed income (oodal occurry pencine, pension, et		
Disability of you or your spouse		Disability of you or your parent		
Unusual medical or dental bills or handicapped-related		Unusual medical or dental bills or handicapped-related		
expenses (7.5% of adjusted gross income.)*		expenses (7.5% of adjusted gross income.)*		
Other unusual debt or expenses.		Other unusual debt or expenses.		
Signature of Student Signature of parent or spouse, if applicable	Date			
This section to be completed by Financial		-4	Crawa	Downst
Income	Stude:	\$	Spouse	Parent \$
Wages, salaries, severance pay Other taxable income	\$	\$		\$
Unemployment benefits to be received	\$	\$		\$
Untaxed Social Security benefits	\$	\$		\$
Adjusted gross income	\$	\$		\$
(Circle one) Single Joint File Separately	,	,		·
Taxes paid	\$	\$		\$
(Circle one) Single Joint File Separately				
EIC	\$	\$		\$
(Circle one) Single Joint File Separately	1			
Additional Child Tax Credit	\$	\$		\$
Child support	\$	\$		\$
Other untaxed income	\$	\$ \$		\$ \$
Total income)	\$		3
For Office Use Only:				
	ncial Aid Advis	or Signature: _		Date:
Notes:				

Required Documentation for Extenuating Circumstances

Loss of employment or change in employment status

2023 Tax Return Transcript for student & spouse or student & parents(for dependent students)

OR

- Letters from prior employers, stating termination dates and 2024 earnings to date-on letterhead, signed, and dated.*
- Letters from any current employers, stating expected earnings for 2024 on letterhead, signed, and dated.*
- Unemployment recap showing amount of benefits received and the expected unemployment to receive in 2024 OR statement indicating no benefits received or expected to be received in 2024.*

Divorce or separation of student or parent 2023 or 2024

- Divorce-Copy of Divorce decree
- Separation-copy of the legal separation document or a signed statement from your attorney, showing the date of separation (If no legal separation has been filed, you must provide the following: a tax return showing separate filing status, or documents to prove you have a separate residence such as a statement from landlord, utility bills in your name, etc..)

Death of a spouse or parent

A death certificate, an obituary notice, or a notarized statement from an unrelated third party.

Loss of untaxed income

 A copy of a letter from the agency that provided benefits, detailing termination of benefits, and copies of summaries of benefits

Disability of student or spouse or parent

- Medical documentation of disability and of any benefits received as a result of the disability.*
- Income from all sources for 2023 or 2024*

Unusual medical or dental bills or handicapped-related expenses

- A copy of Schedule A of the Federal 1040 form or canceled checks or receipts showing amount paid with statement from insurance company showing expenses were not reimbursed.
- Copies of 2023 or 2024 Medical Bills & Amounts Paid

Other unusual circumstances not covered above

Explanation and documentation

Attach required documentation to completed form, and return to the Financial Aid Office at National Park College.

For questions regarding the Reconsideration, please contact Gayla Mattoon at (501)760-4235.

^{*}Information required for student and parent(s) if dependent.

^{*}Information required for student and spouse if independent.

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