



# THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Office of Financial Aid  
A Department of the Division of Student Affairs

2007-2008

## Request to Re-evaluate Financial Aid Eligibility

*(All supporting documentation required by the Office of Financial Aid must be attached to your request. Please note this form does not guarantee that your request will be approved, or that you will be eligible for a re-evaluation of your financial aid eligibility.)*

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(Student Name) \_\_\_\_\_ (Empl.ID) \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

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(Street Address/P.O. Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

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(Local Phone Number) \_\_\_\_\_ (Expected Date of Graduation from USM) \_\_\_\_\_

You may complete this form if you, your spouse's, or your parents' (for dependent students) financial, marital, or family situation has been altered significantly since you initially applied for financial aid at USM. Information from this form, supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can assist you. **Any adjustment we may make to your financial aid eligibility must meet federal eligibility guidelines. Your eligibility for additional financial aid will be contingent upon your new eligibility status, your student status, and the availability of financial aid funds.**

Check the appropriate reason for your request listed below. Please attach all required documentation, sign the certification statement located at the end of this form (dependent students must also have a parent sign this form), and return your request to the Office of Financial Aid at the campus you plan to attend. You may wish to attach a written statement to support your request for re-evaluation of your financial aid eligibility. **NOTE: All documents submitted to the Office of Financial Aid are covered under the Family Education Rights and Privacy Act and are held in the strictest confidence. These documents will only be used to determine if you are eligible for additional financial aid assistance.**

\_\_\_\_\_ 1.) **A CHANGE IN MARITAL STATUS HAS OCCURRED SINCE AN INITIAL APPLICATION FOR FINANCIAL AID WAS PROCESSED.** (A student who married after an initial application for financial aid was processed is not eligible for a re-evaluation request based on becoming married. This is a policy of the U.S. Department of Education.)

Please provide a copy of the Divorce Decree or documentation to verify that a separation has occurred, a copy of the student's, spouse's, or parents' 2006 federal 1040 tax forms, and applicable 2006 W-2 forms. Dependent students must also provide confirmation of who will be their custodial parent during the academic year.

\_\_\_\_\_ 2.) **MEDICAL EXPENSES** (This refers to outstanding medical expenses paid by the student and spouse or parents of a dependent student during 2006 or 2007 that can be documented.)

Please provide documentation showing that you, your spouse, or your parents paid medical expenses that exceed 15% of yearly income. Documentation that shows that medical expenses have not and will not be paid by health insurance or other healthcare providers is also helpful. Examples of sufficient documentation include canceled checks to pharmacies, physicians, or medical facilities; billing statements that reflect amounts paid, statements from medical insurers, and Schedule A of your 2006 federal income tax return.

(Must be completed)

Total Medical Expenses Incurred:	\$ _____ 2006	\$ _____ 2007
Total Medical Expenses Paid:	\$ _____ 2006	\$ _____ 2007



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\_\_\_\_\_ 3.) **THERE HAD BEEN A CHANGE IN THE FAMILY SITUATION DUE TO THE DEATH OF A SPOUSE OR PARENT.**

Please provide a copy of the spouse's or parent's death certificate, or a copy of an obituary.

\_\_\_\_\_ 4.) **(For New Students Only) THERE HAS BEEN A LOSS OF INCOME AND/OR BENEFITS DUE TO COLLEGE ATTENDANCE.** (*If you will work part-time while attending USM during 2007-2008, please complete item 5 listed below rather than item 4.*)

If you left full-time employment to attend USM, and you *will not* be working during the academic year, please provide documentation from your former employer of your last date of employment and year-to-date earnings.

\_\_\_\_\_ 5.) **THERE ARE OTHER LOSSES OF INCOME OR BENEFITS.**

If you, your spouse, or your parents (*for dependent students*) expect to earn less in 2007 than you did in 2006 because of a change in or loss of employment; or you, your spouse, or parents (*for dependent students*) received benefits such as Social Security, Veterans' Benefits, retirement income, or unemployment benefits in 2006 and those benefits have been reduced or temporarily suspended, complete item 5.

Please provide documentation from your employer, former employer, or the appropriate government agency confirming the change in your income or benefits. (*For changes in income, we must have your last date of employment, the date your income changed, your year-to-date earnings, or your new income level. For changes in benefits we must have the date your benefits changed or were stopped, and the monthly amount of your benefits.*)

\_\_\_\_\_ 6.) **THERE ARE OTHER UNUSUAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED.**

If you do not meet one of the conditions noted above for re-evaluation of your financial aid eligibility, please explain in detail and fully document the unusual circumstances that indicate that you, your spouse, or parents have experienced significant changes that effect your financial status. *Please attach additional sheets as needed for your explanation of these circumstances as needed.*

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## CERTIFICATION STATEMENT

*(Please read carefully before signing.)*

*All relevant or requested information and/or documentation must be attached to your request for a re-evaluation of your eligibility for financial aid. (Incomplete request forms will not be re-evaluated.) Requests for re-evaluation are processed through the Office of Financial Aid in as timely a manner as possible depending upon when they are submitted.*

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or other documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements and/or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied and that any eligibility for federal and state student aid may be suspended or canceled.

\_\_\_\_\_  
*(Student Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Spouse's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Mother's/Step-mother's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Father's/Step-father's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Legal Guardian's Signature)\**

\_\_\_\_\_  
*(Date)*

*\*Must provide documentation of legal guardianship.*