

Dartmouth

Office of Financial Aid

CLASS OF 2020 • REQUEST FOR FINANCIAL AID AWARD REVIEW

Student Name _____ **Social Security #** _____

Dartmouth College believes that cost should not be a deterrent to a student attending the college of his/her choice. **If you received a more competitive award from another Ivy League institution, please submit a copy of the award to our office.** Your appeal will be reviewed by the Financial Aid Committee. Please be aware that all aid from Dartmouth is need-based. Award reviews may be requested at any time due to changes in family circumstances, but note that ***any additional need arising from changes in circumstances that occur after June 30, 2016 will be met with loan funds and not scholarship.*** This form suggests areas affecting your award which may have changed or may not have been included in your application. Complete only the fields that are applicable to your family's specific situation and submit supporting documentation with this form.

1. Family size and/or the number of dependent family members attending college are different from that reported earlier:

2. Expenses beyond the family's control (high medical and dental expenses or any other unusual expense) that were not included on the forms originally or have changed since they were submitted. Be specific about unreimbursed out-of-pocket costs to the family.

3. Any other information or changes affecting your financial situation that you want us to consider:

4. **Reduction in Household Income:** Please complete this section if you anticipate that your 2016 income will be at least 10-15% lower than 2015 income. We suggest that you use your 2015 tax return as a guide, be sure to include all sources of income. If you filed a 1040A or 1040EZ, the line numbers shown below will not correspond. **If 2016 income will be the same or higher than 2015, do not complete this section.**

ESTIMATED TAXABLE INCOME	LINE FROM 2015 1040	2016 Estimate
Parent 1 taxable wages on tax return	Line 7	\$
Parent 2/stepparent's taxable wages on tax return	Line 7	\$
Interest and dividends	Lines 8a + 9a	\$
Rental/business/capital losses	Lines 12 + 13 + 17 (negative amts)	- \$
Rental/business/capital gains	Lines 12 + 13 + 17 (positive amts)	\$
IRA/Pension: (total _____ rollover _____)	Lines 15b + 16b	\$
Unemployment compensation	Line 19	\$
Other (source: _____)	Lines 10 + 11 + 14 + 18 + 20b + 21	\$
TOTAL INCOME	Line 22	\$
Less IRA, Keogh, and self-employed SEP and SIMPLE plans	Lines 28 + 32	-
Less any other adjustments to income	Lines 23-35, excluding 28 and 32	-
ADJUSTED GROSS INCOME	Line 37	\$

ESTIMATED UNTAXED INCOME	LINE FROM 2015 1040	2016 Estimate
Pre-tax pension contributions	Subtract Box 1 "taxable wages" from Box 5 "Medicare wages" on W-2 form	\$
IRA/Keogh payments	Lines 28 + 32	\$
Earned Income Credit	Line 66a	\$
Tax-exempt interest/dividends	Line 8b	\$
Housing/living allowance		\$
Worker's Compensation / Untaxed Disability pay		\$
Child Support received		\$
Untaxed Social Security (for all family members)	Line 20a – 20b	\$
Other (source: _____)		\$

Certification: I/we certify that the data on this form is correct and accurate to the best of my/our knowledge. If requested, I/we agree to provide any documentation necessary to verify the information on this request.

(Parent 1 Signature)

Date _____

(Parent 2 Signature)

Date _____

E-mail _____