2019-2020 Dependent Student Request for Review
Due to Change in Income

Student Info:

Last Name    First Name  M.I.  ID#

Street        City   State  Zip

Phone #        Cell #        Preferred Email

This request may NOT be submitted before September 15, 2019 or after March 1, 2020

This form allows a dependent student meeting certain criteria to request a review of his/her financial aid eligibility due to a significant decrease in 2019 income from that which was reported for 2017. Requests will not be reviewed if it is determined that the calculated parental portion of the federal EFC is high enough that there would be no change to a student’s awards as a result of recalculating the student portion, or if it is determined that the student’s portion is already “zero.” Reviews will be done in as timely a manner as possible, but will not take precedence during periods of peak workload.

To request a review, the student’s 2017 income must have exceeded $5000. The 2019 income must be significantly less than the reported 2017 income. Attach last wage statements, letter from employer, etc. or no review will be completed at this time.

In addition, one or more of the following conditions must be true. Please check all that apply. Also be sure to complete the back of this form.

_____ I worked while in high school during the 2018-2019 year and am unable to maintain last year’s level of employment while here at Oswego.

_____ I am a new transfer student from _____________________ and am unable to maintain last year’s level of employment (excluding Federal Work Study) while here at Oswego.

_____ I am taking a course overload (18 hours or more per semester) that prohibits me from maintaining last year’s level of employment.

_____ I worked during the 2017 school year and am not able to do so in 2019 because:

____________________________________________________________________________________

____________________________________________________________________________________

_____ I worked during the summer of 2017 but was unable to do so in 2019 because:

____________________________________________________________________________________

You must complete the back of this form and provide all documentation requested. Requests received without all the needed documentation will be returned to the applicant.
1. Indicate your earnings from January 1, 2019 until today (the date you are completing this form.) List all employers and dates of employment.

$__________ Employer: _________________________ Start Date: ______ End Date: ______
$__________ Employer: _________________________ Start Date: ______ End Date: ______
$__________ Employer: _________________________ Start Date: ______ End Date: ______

ATTACH your last paystub(s) showing year to date earnings or a statement from your employer(s) to document the above.

1A. ALSO I expect to earn $____________ between now and December 31, 2019. I am/expect to be working for:
___________________________ in ____________________, N.Y.

2. Indicate any additional income you had and where it was from. Include any earnings “off the books” you did not included in question 1. Also include interest income, unemployment, workman’s compensation, payments from a state or federal agency, etc.

ATTACH appropriate documentation (ex. Benefit statement from agency, etc.)

$__________ Source: ______________________________ Taxable:   Y   N   (Circle One)
$__________ Source: ______________________________ Taxable:   Y   N   (Circle One)
$__________ Source: ______________________________ Taxable:   Y   N   (Circle One)
$__________ Source: ______________________________ Taxable:   Y   N   (Circle One)


Certification:

This is my best and most accurate estimate at this time. I have completed both sides of this form and attached documentation of my income as required. I understand that differences between my estimates and the final actual figures may result in an adjustment in future eligibility or the denial of subsequent requests for special consideration.

_____________________________________________ ______________________
Student Signature Date