



RANDOLPH-MACON COLLEGE

Office of Financial Aid
P. O. Box 5005, 114 College Avenue
Ashland, VA 23005
FAX: (804) 752-3719
Email: financial-aid@rmc.edu

2017-2018 Re-evaluation of Financial Aid Form

Student's Last Name	First Name	MI	R-MC ID#
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Randolph-Macon College is committed to providing need based assistance to qualifying students. The Financial Aid office recognizes that some families experience changes that are not reflected on the Free Application for Federal Student Aid (FAFSA). **Please note that no request for a re-evaluation will be considered without a FAFSA and that submission of this form does not guarantee any adjustment to a student's aid package.** All students requesting a re-evaluation must follow the same process. There are no exceptions. This will help us assure all of those who apply for or receive assistance from R-MC that we are fair and principled in our approach.

Families must demonstrate how the reason for the request will affect their family's ability to contribute toward the student's educational costs. Please submit all documentation and as much explanation as possible. *Forms submitted without documentation will **not** be reviewed.*

SECTION I

Please check the appropriate box(es) concerning your reason(s) for requesting a re-evaluation of assistance:

- ___ Mother ___ Father has become ___ unemployed, ___ retired, ___ separated, or ___ has experienced a reduction in earnings for the period of January 1, 2016 to December 31, 2016. Please complete Section II (providing details of the change, termination date, separation date, reduction date, etc., as well as expectation of future employment) Section III, Section VI, and Section VII. The date of this change was _____.
- Un-reimbursed medical expenses are impacting the family's ability to contribute. Please complete Section II (explaining the diagnosis and the treatment required) Section IV, Section VI and Section VII. Attach documentation of the medical condition(s) and un-reimbursed costs related to that condition(s). Only expenses related to the medical condition will be considered.
- Death of parent whose information was reported on the FAFSA. Please complete Section III, Section V, Section VI and Section VII.
- Other: Complete Section II, Section VI and Section VII and provide the relevant documentation.

SECTION II

Explanation of Circumstances (Please be specific and attach an additional sheet or use the other side of this page, if necessary):

Student's Last Name

First Name

MI

R-MC ID#

SECTION III

Financial aid for 2017-2018 is based on financial information as submitted on the FAFSA, which requires 2015 calendar year income information. Aid may be adjusted if you anticipate that your 2016 income will be significantly less than 2015 income. Please submit the last pay stub, unemployment benefit statement, termination notification, etc., to document and support the revised information. You must also submit a copy of your 2015 Federal Income Tax transcript, which you may request at www.irs.gov to have it mailed to you or by calling IRS at 1-800-908-9946, AND 2015 W-2 Statement(s), if you have not already done so. If you have completed your FAFSA using the IRS Data Retrieval Tool, it will not be necessary to submit a transcript of your return. We will not review any requests for which documentation is not submitted.

(Please indicate "as of" date in the spaces provided in the column headings below)

Table with 4 columns: Taxable Income, Actual Income (Jan. 1, 2016 - _____), Estimated Income (_____ - Dec. 31, 2016), Total Projected 2016 Income (Actual Income + Estimated Income). Rows include categories like Father/Step-father Wages, Mother/Step-mother Wages, Interest and Dividend Income, Net Income/Loss from Business and/or Farm, Severance Pay, Vacation or Sick Pay, Stock Options, Capital Gain/Loss, Rental Income/Loss, Taxable Social Security Benefits, Alimony Received, Unemployment Compensation, Pensions/Annuity Withdrawals, Income from Royalties, Partnerships, Estates and Trusts, Untaxed Income (Total Child Support, Contributions to Retirement Plans, Housing Allowance, Other Untaxed Income), Expenses (Total Child Support, Alimony Paid), and Family household size/Number of children in college.

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SECTION IV

Families may experience *unusually* high un-reimbursed medical expenses due to specific medical conditions. Our policy is to evaluate the expenses associated with the medical condition(s) to determine if any adjustment can be made.

Below, please provide a monthly, out of pocket cost breakdown for 2015 for the medical treatment(s) for the condition(s) described in Section II.

<i>2015</i>	<i>Treatment Costs</i>	<i>Hospitalization Costs</i>	<i>Medication Costs</i>
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Please attach documentation of the diagnosis and the specific un-reimbursed medical expenses related to the diagnosis. How much of the total un-reimbursed medical expenses are you paying each month or have paid? \$_____, per month \$_____, amount fully paid

SECTION V

Please provide the following information regarding the death of a parent.

Date of Death: _____

Surviving Parent: _____ Father/Step-father _____ Mother/Step-mother

Please provide information and documentation on the following monies received:

Life Insurance Policy(s):	\$
Death Benefits:	\$
Taxable Social Security Insurance Benefits:	\$
Other (please explain):	\$

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SECTION VI

Anticipated outside sources of aid available to the student during the 2017-2018 school year:

Pre-paid tuition and/or savings plans	\$ _____
Private scholarships	\$ _____
Other (<i>do not list R-MC awards</i>)	\$ _____
How much additional aid are you requesting?	\$ _____
What is your intended career goal?	\$ _____

SECTION VII

CERTIFICATION

Do not submit this application without copies of relevant documentation. We cannot review the application without this information. Incomplete applications will not be reviewed.

We certify that all of the information reported in support of the student's application for a re-evaluation of the current financial assistance is complete and correct.

We understand that completing the Re-evaluation of Financial Aid Form does not guarantee any change to the student's existing aid package.

We also understand that any changes made to this year's award are based on available resources and current awarding policies. Any future changes may not result in an updated aid package.

(In the case of a divorced/separate family, only the signature of the custodial parent is required)

Student Signature	Date
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Mother/Stepmother Signature	Date
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Father/Stepfather Signature	Date
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If we have questions about this application or require additional documents, we may contact you. Please provide information for the person we should contact:

Name	Daytime Phone	E-mail address
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RETURN THIS REQUEST FORM AND SUPPORTING DOCUMENTATION TO THE FOLLOWING ADDRESS:

Randolph-Macon College
 Financial Aid Office
 P. O. Box 5005
 Ashland, VA 23005-5505

OR FAX: (804) 752-3719
 E-Mail: financial-aid@rmc.edu