Randolph-Macon College
Ashland, Virginia
P.O. Box 5005, Ashland, VA 23005
(804) 752-7259 (Financial Aid office)
(804) 752-3719 (fax)

2014-2015 Re-evaluation of Financial Aid Form

_____	_____	_____	_____
Student's Last Name	**First Name**	**MI**	**R-MC ID#**

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, 2014 to December 31, 2014. 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. 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 attach an additional sheet if necessary):

_____

_____

_____

_____

Student's Last Name	First Name	MI	R-MC ID#

SECTION III

Financial aid for 2014-2015 is based on financial information as submitted on the FAFSA, which requires 2013 calendar year income information. Aid **may** be adjusted if you anticipate that your 2014 income will be significantly less than 2013 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 2013 Federal Income Tax transcript, which you may request by calling IRS at 1-800-908-9946, and 2013 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*)

Taxable Income	***Actual Income (Jan. 1, 2014 - _____)***	***Estimated Income (_____ - Dec. 31, 2014)***	***Total Projected 2014 Income (Actual Income + Estimated Income)***
Father/Step-father Wages, Salaries, Compensation from Work (Provide Gross Amount)			
Mother/Step-mother Wages, Salaries, Compensation from Work (Provide Gross Amount)			
Interest and Dividend Income			
Net Income/Loss from Business and /or Farm (Reported on Schedule C, E, and/or F)			
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 that You Received for all children			
Contributions to Retirement Plans			
Housing Allowance			
Other Untaxed Income			
Expenses			
Total Child Support that You Paid to another			
Alimony Paid to another			
Family household size: _____ (Include yourself; your parent(s); and your siblings and others, if your parents provide more than half of their support).	Number of children in college: ____ (Include only those dependent children who will attend at least half-time in 2014-2015 in a program that leads to an undergraduate college degree or certificate).		

Student's Last Name	First Name	MI	R-MC ID#

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 may be made.

Below, please provide a monthly, out of pocket cost breakdown for 2013 for the medical treatment(s) for the condition(s) described in Section II.

2013	***Treatment Costs***	***Hospitalization Costs***	***Medication Costs***
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? $_____.

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):	$

Student's Last Name	First Name	MI	R-MC ID#

SECTION VI

Anticipated outside sources of aid available to the student during the 2014-2015 school year:

Pre-paid tuition and/or savings plans $_____

Private scholarships $_____

Other (*do not list R-MC awards*) $_____

How much additional assistance are you requesting? $_____

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

_____ _____
Mother/Stepmother Signature Date

_____ _____
Father/Stepfather Signature Date

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

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