

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

2013-2014 Re-evaluation of Financial Aid Form

Stude	nt's Last Name	First Name	MI	R-MC ID#
Aid off Federa FAFSA All stu	fice recognizes that some 1 Student Aid (FAFSA). A and that submission of dents requesting a re-evalure all of those who apply	families experience changes the Please note that no request f this form does not guarantee uation must follow the same proy for or receive assistance from	at are not reflected for a re-evaluation of any adjustment to cess. There are no	on the Free Application for n will be made without a o a student's aid package. Descriptions. This will help
the stu		the reason for the request will a Please submit all documentation will <u>not</u> be reviewed.		
SECT	ION I			
Please	check the appropriate box	(es) concerning your reason(s) for	or requesting a re-ev	valuation of assistance:
	experienced a reduction complete Section II (pro	r has become unemployed, in earnings for the period of Januviding details of the change, term on of future employment) Section	nary 1, 2013 to Dec mination date, separa	ember 31, 2014. Please ation date, reduction date,
	The date of this change v	vas	·	
	Section II (explaining the documentation of the me	expenses are impacting the famile diagnosis and the treatment recidical condition(s) and un-reimber dical condition will be consider	uired) Section IV, a arsed costs related t	and Section VI. Attach
	Death of parent. Please	complete Section III, Section V	and Section VI.	
	Other: Complete Section	n II and Section VI and provide t	he relevant docume	entation.
SECT	ION II			
Explan	nation of Circumstances (P	lease attach an additional sheet i	f necessary):	

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SECTION III

Financial aid for 2013-2014 is based on financial information as submitted on the FAFSA, which requires 2012 calendar year income information. Aid **may** be adjusted if you anticipate that your 2013 income will be significantly less than 2012 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 2012 Federal Income Tax transcript, which you may request by calling IRS at 1-800-908-9946, and 2012 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)

(Please indicate "as of" date in the spaces provided in	Actual	Estimated	Total Projected	
75 II I			Total Projected	
<u>Taxable Income</u>	Income	Income	2013 Income	
	(Jan. 1, 2013	((Actual Income +	
		Dec. 31, 2013)	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				
<u>Untaxed Income</u>				
Child Support Received for all children				
Contributions to Retirement Plans				
Housing Allowance				
Other Untaxed Income				
<u>Expenses</u>				
Child Support Paid to another				
Alimony Paid to another				
Family household size: (Include yourself; your Number of children in				
parent(s); and your siblings and others, if your parents	dependent children who will attend at least half-time in			
provide more than half of their support).	de more than half of their support). 2013-2014 in a program that leads to an undergraduate college degree or certificate).		an undergraduate	

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SECTION IV			
Families may experience <i>unus</i> Our policy is to evaluate the e may be made.			
Below, please provide a mont condition(s) described in Sect		reakdown for 2012 for the me	edical treatment(s) for the
2012	Treatment Costs	Hospitalization Costs	Medication Costs
January			
February			
March			
April			
May			
June	_		
July			
August			
September			
October			
November			
December			
Please attach documentation of diagnosis. How much of the testing the section V		•	•
Please provide the following i	nformation regarding the	e death of a parent.	
Date of Death:			
Surviving Parent: Fath	er/Step-father	_ Mother/Step-mother	
Please provide information a	nd documentation on the		•
Life Insurance Policy(s):		\$	
Death Benefits:		\$	
Taxable Social Security Insur-	ance Benefits:	\$	
Other (please explain):		\$	

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SECTION VI				
Anticipated outside sources of aid av	ailable to the st	tudent during	the 2013-201	14 school year:
Pre-paid tuition and/or savings plans	\$			
Private scholarships	\$			
Other (do not list R-MC awards)	\$			
SECTION VII	CERTIF	FICATION		
Do not submit this application with application without this informatio				
We certify that all of the information recurrent financial assistance is complete		rt of the studer	nt's application	on for a re-evaluation of the
We understand that completing the Restudent's existing aid package.	evaluation of Fi	nancial Aid Fo	orm does not	guarantee any change to the
We also understand that any changes mawarding policies. Any future changes				able resources and current
(In the case of a divorced/separ	rate family, only	the signature	of the custod	ial parent is required)
Student Signature			Date	
Mother/Stepmother Signature			Date	
Father/Stepfather Signature			Date	
If we have questions about this applicate provide information for the person we see		dditional docu	ments, we ma	ay contact you. Please
Name	— Daytii	me Phone		E-mail address
RETURN THIS REQUEST FORM A	AND SUPPOR	TING DOCU	MENTATIO	N TO THE FOLLOWIN
ADDRESS: Randolph-Macon Colle Financial Aid Office P. O. Box 5005 Ashland, VA 23005-5	<u>OR</u>	FAX: (804) E-Mail: fina	752-3719 ancial-aid@ri	nc.edu

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