



**Financial Aid Application Supplement
Request for Recalculation
2005-2006**

Student's Name (please print) _____

Social Security Number _____ - _____ - _____

William Jewell College recognizes that **special or extraordinary circumstances** can impact the financial resources a student and his/her family have set aside to pay the expenses of attending our institution. Perhaps these circumstances could not be reflected on your 2005-2006 Free Application for Federal Student Aid (FAFSA) **or** they may have occurred after your FAFSA was processed. Therefore...

- ✓ review the following condition(s) to determine if any apply to you,
- ✓ respond completely and accurately to the appropriate questions,
- ✓ obtain the required supporting documents and/or letters of explanation, and...
- ✓ submit this request with the required documents to the Office of Financial Aid and Scholarship Services in person or by mail (William Jewell College, 500 College Hill, Box 2005, Liberty, MO 64068).

If the total income for **you, your parent(s) (if you are a dependent applicant), or your spouse** will be lower for the **2005 calendar year** (January through December) than it was for the **2004 calendar year**, complete the following section. More than one 'Request for Recalculation' may be submitted if more than one family member will also experience a significant reduction in total income for the 2005 calendar year.

1. A **reduction in income and/or benefits** has occurred for the (check only one):
____ student ____ spouse ____ father/stepfather ____ mother/stepmother
2. What caused this reduction in income/benefits? Check all that apply:
____ Change in employment. **Attach a letter of explanation.**

____ Unemployment. **Attach a letter of explanation.** Include the last day of employment, how long the person was employed during the 2004 calendar year, and whether or not the person has returned (or will return to work) during 2005.

____ Divorce or separation on the following date: _____. **Attach a letter of explanation.**

____ Death of the individual on the following date: _____. **Attach a letter of explanation.**

____ Disability. Attach a letter of explanation, indicating the type(s) and amount(s) of benefits lost and how long the benefits were received during 2004 and/or 2005. **Enclose a photocopy of the medical/legal proof of disability.**

____ Loss of financial benefits. **Attach a letter of explanation.** Indicate the type(s) and amount(s) of benefits lost and how long the benefits were received during 2004 and/or 2005. **Also, complete and submit the 2005-2006 Verification Worksheet and tax documents required therein (form available at <http://www.jewell.edu>; click on Financial Aid, then on online forms).**
3. **Also, complete and submit the 2005-2006 Verification Worksheet and tax documents required therein (form available at <http://www.jewell.edu>; click on Financial Aid, then on online forms).**

The following section must also be completed:

List the **total expected** employment income (and all other benefits to be received) during the **12-month 2005 calendar year** (January through December) for **all family members**:

Earnings from Employment-student	\$ _____
Earnings from Employment-spouse	\$ _____
Earnings from Employment-mother/stepmother	\$ _____
Earnings from Employment-father/stepfather	\$ _____
Social Security Benefits	\$ _____
AFDC/ADC or TANF	\$ _____
Child Support Received	\$ _____
Unemployment Benefits	\$ _____
Disability Benefits	\$ _____
Worker's Compensation	\$ _____
Welfare Benefits (don't include food stamps)	\$ _____
Living/Housing/Food Allowances	\$ _____
Veteran's Benefits	\$ _____
Other Benefits (attach a letter of explanation)	\$ _____
Total for the entire 12-month 2005 year	\$ _____

If **other circumstances** have caused your/your family's financial resources to be significantly lower for the **2005** calendar year than in **2004**, **attach a letter of explanation**, and include any documents that might help clarify your special situation.

I (we) certify that the information provided on this document is true and accurate to the best of my (our) knowledge. I (we) agree to notify the Office of Financial Aid and Scholarship Services if the above information changes following the submission of this document. I (we) understand that any adjustments made by the Office of Financial Aid and Scholarship Services **may or may not** result in an increase in Federal or institutional financial aid eligibility.

Student Signature _____	Date _____
Spouse Signature _____	Date _____
Father/Stepfather Signature _____	Date _____
Mother/Stepmother Signature _____	Date _____

For Use by William Jewell College's Office of Financial Aid and Scholarship Services Only

___ Change in EFC ___ No change in EFC
