



2009-10 Student Review

STUDENT FINANCIAL ASSISTANCE

Tempe campus

PO Box 870412
Tempe, AZ 85287-0412

Student Services Building,
Second Floor

Phone (480) 965-3355
Fax (480) 965-9484

financialaid@asu.edu

Downtown Phoenix campus

411 N. Central Ave., Suite 166
Phoenix, AZ 85004-2120

University Center Building,
Suite 166

Phone (602) 496-3462
Fax (602) 496-0376

financialaid@asu.edu

Polytechnic campus

7107 E. Tiburon, #3
Mesa, AZ 85212-0180

Student Affairs Complex, Quad 3

Phone (480) 727-1041
Fax (480) 727-1630

financialaid.poly@asu.edu

West campus

PO Box 37100
Phoenix, AZ 85069-7100

University Center Building,
Room 120

Phone (602) 543-8178
Fax (602) 543-8108

financialaid.west@asu.edu

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
STREET ADDRESS	CITY, STATE, ZIP CODE	
DAYTIME PHONE NUMBER	E-MAIL ADDRESS	

SECTION B: REQUIRED ACTIONS

Check all the boxes below that may apply to your request for review and complete the required actions for each reason. **Changes resulting from this review do not guarantee an increase in aid.** If you do not complete the required actions or items are missing or blank, this form will be returned to you unprocessed. If clarification of your situation is necessary, additional information or documentation, beyond the items below, may be requested.

REASON FOR REVIEW (CHECK ALL THAT APPLY)	EFFECTIVE DATE	REQUIRED ACTIONS
<input type="checkbox"/> Reduction of Income or Benefits Must be at least a 20% reduction of income and continuous for 10+ weeks. A loss of income sustained by the student but not substantially affecting the combined income of the family (parents' income) may have little to no impact on a student's financial aid eligibility.		1. Attach a detailed letter of explanation concerning your loss of income to include all of the items below: <ol style="list-style-type: none"> Your current or prior employer's name, address and phone number. The date your income was reduced. Indicate whether or not you are entitled to unemployment benefits and/or severance pay and the amounts. 2. Attach a copy of your last pay stub. 3. Complete Section C below.
<input type="checkbox"/> Dislocated Worker Visit students.asu.edu/forms/student-dislocated-worker for the definition of a dislocated worker.		1. Complete the same actions that are required for a reduction of income or benefits above. 2. Also attach a copy of a termination letter from your employer (on company letterhead) or a letter from your Department of Economic Security or Unemployment Office.
<input type="checkbox"/> Divorce, Separation or Displaced Homemaker Visit students.asu.edu/forms/student-dislocated-worker for the definition of a displaced homemaker.		1. Attach a copy of your divorce decree or separation agreements. If you do not have a separation agreement, attach a notarized statement indicating separation and effective dates. 2. Attach income/asset settlements. 3. Attach a list of current household members, their relationship to you and their age. 4. Complete Section C below.
<input type="checkbox"/> Death of Spouse		1. Attach a letter specifying the date of your spouse's death. 2. Attach documentation to verify expected 2009 income, including survivor benefits, life insurance, etc. 3. Complete Section C below.
<input type="checkbox"/> Cost of Attendance Review	N/A	1. Complete Section D on page 2.

SECTION C: ANTICIPATED TOTAL INCOME FOR JANUARY 2009 – DECEMBER 2009

Do not leave any amount blank; write "0" if the item does not apply. If any items are missing or left blank, this form will be returned to you unprocessed. Anticipate amounts for the entire 2009 calendar year. **If you significantly underestimated your income on a prior year's form, you may be required to wait until the end of the 2009 calendar year before Student Financial Assistance will consider this review form.**

TYPE OF INCOME		STUDENT	SPOUSE
Taxable Income	a. Gross Income from Work	\$	\$
	b. Unemployment Benefits and/or Severance Pay	\$	\$
	c. Alimony Received	\$	\$
	d. Interest & Dividends	\$	\$
	e. Net amount received from withdrawal from pensions or annuities.	\$	\$
Untaxed Income	a. Taxed Deferred Pensions	\$	\$
	b. Self Employment Payments	\$	\$
	c. Child Support Received	\$	\$
	d. Tax Exempt Interest	\$	\$
	e. Untaxed IRA Distributions	\$	\$
	f. Untaxed Pensions	\$	\$
	g. Military Allowance	\$	\$
	h. Veterans Noneducation Benefits	\$	\$
	i. Other Untaxed Income	\$	\$
	j. Other money received, or paid on your behalf (e.g. bills), not reported elsewhere.	\$	\$
Add'l Info	a. Education Credits	\$ (-)	\$ (-)
	b. Child Support Paid	\$ (-)	\$ (-)
	c. Need-based Employment	\$ (-)	\$ (-)
	d. Grant/Scholarship Aid Reported to IRS	\$ (-)	\$ (-)
	e. Combat Pay	\$ (-)	\$ (-)
Total Anticipated Income for 2009		\$	\$

SECTION D: COST OF ATTENDANCE REVIEW

ASU Student Financial Assistance uses federal and state guidelines to develop a standard cost of attendance allowance for all students applying for financial aid during the academic year. This "estimated cost of attendance" includes the cost of tuition and fees and reasonable allowances for room, board, books/supplies, transportation and personal expenses. If you have expenses that are not included, or are of an extraordinary nature, submit this form and provide the requested documentation. **Please cross-reference your letter to your supporting documentation and/or itemized expenses. Please not that this form will not be processed for additional cost consideration until the first day of each semester so your enrollment can be verified.**

TYPE OF EXPENSE	REQUIRED DOCUMENTATION
<input type="checkbox"/> Childcare	<ol style="list-style-type: none"> 1. Attach a detailed letter indicating all of the following: <ol style="list-style-type: none"> a. Your relationship to the child(ren) for whom childcare is being provided. b. The amount you pay each week for childcare for each child and whether or not you are qualified for reductions or forgiveness of any of these costs. c. The duration of the expenditure. d. Whether or not your spouse is a student at ASU or elsewhere. 2. Attach a statement from your childcare provider (on childcare's provider's letterhead) indicating the names and ages of your children in childcare and the weekly cost associated with each child for daycare. If you childcare provider does not have letterhead, his/her statement must be notarized.
<input type="checkbox"/> Additional Course Costs or Thesis/Dissertation Expenses	<ol style="list-style-type: none"> 1. Attach a detailed letter of explanation to include a list of required supplies and expenses. This list must include the course name/number and your academic major. 2. Attach documentation to support your statement that these are required supplies/expenses (e.g., a signed statement from your instructor, a copy of the course syllabus or photocopies or proof of payment for expenses incurred). 3. For thesis or dissertations expenses, attach photocopies of proof of payment for all related expenses.
<input type="checkbox"/> Healthcare Medical Expenses may be allowed if required for treatment rather than elective care and documented by a physician.	<ol style="list-style-type: none"> 1. Attach a detailed letter of explanation. 2. Attach photocopies of proof of payment for bills incurred since August 24, 2009 (for students beginning enrollment in the fall semester) or January 19, 2010 (for students beginning in the spring semester) for all medical, dental and/or optical expenses not covered by your insurance. 3. Provide documentation that states any monthly payments, duration of payments and whether or not you are qualified for reduction or forgiveness of any costs.
<input type="checkbox"/> Other/Unusual Expenses Note: Expenses that are already part of your estimated costs of attendance will not be increased unless unusual and extenuating circumstances exist. This information must be detailed in your letter and supported by receipts.	<ol style="list-style-type: none"> 1. Attach a detailed letter of explanation. 2. Attach photocopies of proof of payment for bills incurred since August 24, 2009 (for students beginning enrollment in the fall semester) or January 19, 2010 (for students beginning in the spring semester).

SECTION E: CERTIFICATION STATEMENT & SIGNATURE

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely underestimating project income may result in reduced eligibility, repayment of aid and/or denial of future reviews or appeals in this and/or future years.

STUDENT SIGNATURE	DATE
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SECTION F: FOR OFFICE USE ONLY

REVIEW DECISION	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Committee Review	
JUSTIFICATION	
ASU FINANCIAL AID COUNSELOR SIGNATURE	DATE