



## 2009-2010 Request for Review of Financial Aid Award

If you or your family's financial situation will change significantly, you may request a review of your financial aid award.

Examples of situation that we review include extended unemployment (10 weeks or longer), extra ordinary uninsured medical expenses and changes in family size or siblings enrolled in school at this or other institutions. Also, if there is additional information that you did not include in the original application and you feel that we should now consider it and revise the awarding financial aid.

<b>Review Request Time Line</b>	
<b>Date Request Submitted</b>	<b>Period for which adjustments in aid will be considered</b>
Before November 1, 2009	2009-2010 Academic Year
November 1, 2009 – March 1, 2010	Spring 2010 Semester Only

<b>Section I: Student and Parent Information</b>	
Student's Name: _____ Student's Social Security or Yale ID Number: _____ Permanent Address: _____	
<b><u>Student:</u></b>  E-Mail Address: _____ Phone Number: _____	<b><u>Parent:</u></b>  E-Mail Address: _____ Phone Number: _____

## Section II: Income Update

Awards for the 2009-2010 Academic Year are normally based on 2008 income. If your family's total income for 2009 will be significantly lower, complete this section. If this section does not apply to your situation, skip to Section III.

Reason for Reduced Income: \_\_\_\_\_

Projected Income Source	2008 Estimated	2009 Estimated
Wages, Mother (Attach copy of most recent pay stub)	\$	\$
Wages, Father (Attach copy of most recent pay stub)	\$	\$
Interest Income	\$	\$
Dividend Income	\$	\$
Tax Refunds	\$	\$
Unemployment Benefits/Worker's Compensation	\$	\$
Severance Pay, Compensation for Unused Benefits (Vacation Time, Sick Time, Etc.)	\$	\$
Social Security Benefits (Total Received for parents and their dependent children)	\$	\$
Pension/Annuity Income	\$	\$
Alimony	\$	\$
Housing, food, and other living allowances (military, clergy, cash from friends and family)	\$	\$
Rental income (gross income less expenses other than depreciation)	\$	\$

Self-Employment/Business/Farm income and Assets	2008 Estimated	2009 Estimated
Business/Farm/Self-Employment Income (Gross income less expenses other than depreciation)	\$	\$
Current Business/Farm Value: \$ _____		
Current Business/Farm Debt: \$ _____		

## Section III: Other Family Expenses

List debts, other than credit cards, that you consider unusual. Be sure to note home equity loans and second mortgages that you did not originally report on the Need Access Application. If this section does not apply to your situation, skip to Section IV.

Name of Creditor	Date and Purpose of Loan	Amount Outstanding	Amount Due in 2008

## Section IV: Family Assets Update

If there are significant differences in the asset figures you provided on the Need Access Application and the net current value, complete the following section and provide an explanation for the change in Section VII. If this section does not apply to your situation, skip to Section V.

Other Family Assets	Reported Net Value	Current Net Value
Cash, Savings and Checking	\$	\$
Home	\$	\$
Investments: (Please itemize each investment)		
Name of Investment	\$	\$
Name of Investment	\$	\$
Name of Investment	\$	\$
Other Real Estate: (Please itemize each property)		
Address:	\$	\$
Address:	\$	\$
Address:	\$	\$
Other Assets: (Please itemize each asset)		
Asset Name:	\$	\$
Asset Name:	\$	\$
Asset Name:	\$	\$

## Section V: Changes in Family Size or Sibling Educational Expenses

If the number of family members dependent upon your parents for support or the number of children enrolled in private school or college has changed since you completed the Need Access Application, explain in Section VII. You should indicate the name and age of each family member, the school(s) each family member will be attending, and your parents' expected contribution towards each family member's educational costs. If this section does not apply to your situation, skip to Section VI.

Name of Child	Age	School	Parental Contribution

## Section VI: Other

Use the following space to present any other factors that you think should be considered as a part of your review. If you need additional space, attach a separate page.

## Section VII: Certification

I certify that all of the information on this form is true and complete as of this date. I/we understand that the Yale Medical School Financial Aid Office may request additional documentation in support of any information provided on this form. I/we also understand that if the Yale Medical School Financial Aid Office uses this information to make an adjustment to the Student's Financial Aid Award, the award will be provisional until I/we provide a copy of the 2009 federal tax returns which must be submitted by February 15, 2010. I/we also realize that the review of the 2009 tax return may result in a change in the provisional award.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Stepfather's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Stepmother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Yale Medical School Financial Aid Office Use Only

Review Date: \_\_\_\_\_

Award Adjusted

Award Not Adjusted

Additional Information Required

<u>Funding</u>	<u>Original</u>	<u>Adjusted</u>
Scholarship		
Yale	_____	_____
Other	_____	_____
Loans		
Sub Stafford	_____	_____
Perkins	_____	_____
Unsub Staff	_____	_____
Yale Med	_____	_____
Grad Plus	_____	_____
Other:	_____	_____

Comments:

Reviewed By: \_\_\_\_\_