PNCA
Pacific Northwest College of Art

Request for Financial Aid Reconsideration: 2017-2018 Academic Year

Student Name _____SSN/ID_____

Federal financial aid eligibility for 2017-2018 based on 2015 income as reported on your 2017-2018 FAFSA. You may request that we reconsider your need based on an estimate of your 2017 income. To request aid reconsideration, please complete all required information on the front and back of this form.

Include 2015 IRS tax return transcripts for you and your spouse or parents (if you have not already submitted them to PNCA). You may request a tax return transcript at www.irs.gov or call 1-800-908-9946. Include any other relevant documentation to support your request. Depending on the circumstance, tax return transcripts from 2016 may be requested to complete this request.

Mark the item or items that best describe your reason for requesting aid reconsideration:

- ❑ Change in income due to loss of job. Circle: student/spouse/parent(s)
- ❑ Change in income due to divorce or separation. Circle: student/spouse/parent(s)
- ❑ Non-recurring disbursement of retirement funds (or other) in 2015. Circle: student/spouse /parent(s)
- ❑ Medical/Dental expenses in 2015 or 2016 not covered by insurance. Circle: student/spouse /parent(s)

Please explain the circumstances regarding the above marked item(s):

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(over)

Estimation of 2017 Income/Medical Expenses

List the ESTIMATED 2017 total for each source of income below (from January 1, 2017 projected through December 31, 2017):

	Student	Spouse	Parent(s) (Dependent Students)
Wages, Salaries, and Tips (Including Self-Employment)	_____	_____	P1:_____P2:_____
Work-Study Earnings	_____	_____	P1:_____P2:_____
Unemployment Compensation	_____	_____	P1:_____P2:_____
IRA or Other Retirement Pension Distributions	_____	_____	P1:_____P2:_____
Child Support Received	_____	_____	P1:_____P2:_____
Child Support Paid	_____	_____	P1:_____P2:_____
Alimony Received	_____	_____	P1:_____P2:_____
Alimony Paid	_____	_____	P1:_____P2:_____
Veterans' NON-Education Benefits	_____	_____	P1:_____P2:_____
Interest and Dividend Earnings	_____	_____	P1:_____P2:_____
Other Non-Taxable income	_____	_____	P1:_____P2:_____
Other Money Received or Paid on Your Behalf	_____	_____	P1:_____P2:_____
Other _____	_____	_____	P1:_____P2:_____

List the current value of all assets as of today (do not include the value of the home you live in or funds invested for retirement such as IRAs):

Cash/Savings/Checking Accounts	_____	_____	_____
Net Worth of Investments	_____	_____	_____
Business Worth	_____	_____	_____

If you are requesting a reconsideration due to excessive medical/dental expenses NOT covered by insurance, list the amounts below:

Medical/Dental Expenses 2015	_____	_____	_____
Medical/Dental Expenses 2016	_____	_____	_____

By signing below, I certify that all information provided by me or any person on this form is true and complete to the best of my knowledge. I have included the required documentation, and if additional documentation is needed, I agree to provide it upon request. I realize that if I do not provide documentation when asked, this reconsideration request is considered void.

Student Signature_____Date_____

Parent Signature _____Date_____

Return Form to: PNCA/Financial Aid, 511 NW Broadway, Portland, OR 97209 or Fax to: 971-242-3865 Questions? 503-821-8971