Financial Aid Adjustment Request 2023-2024

PART 1: REQUEST FOR RE-EVALUATION (Please contact our department if you have any questions when completing this form-see other side.)

quest re-evaluation of my financial aid application fo		rear based upon the following circumstances: <u>Relation</u> ship
A. Change: Size of Household	<u>Name</u>	<u> </u>
☐ Add name(s)		
□ Remove name(s)		
B. Change: Family Members in college Add name(s)	<u>Name</u>	Relationship
☐ Remove name(s)		
C. Loss of Employment: Parent(s) or Student employment and expected income/benefits.)		come for 2023Please attach documentation of loss of
	<u>Parent</u>	<u>Stude</u> nt
Adjusted Gross Income:		
Estimated Federal Income Tax to be Paid Expected Income from Work:]:	
Expected Income from Work: Expected Income from Work:		
Unemployment Benefits:		
Other:		
D		

PART 2: CERTIFICATION I/We certify that the information submitted is correct to the best of my/our knowledge and understand that additional documentation may be requested. I/We authorize La Sierra University Office of Financial Aid to verify the information provided for this request. I/We understand that I/we will be notified within two weeks of the decision made by the Financial Aid Adjustment Committee, and that their decision is final. Student Signature Date **Father Signature** Date Spouse Signature Mother Signature Date Date Please contact our department if you have any questions when completing this form. Phone (951) 785-2175 E-mail: sfs@lasierra.edu Fax: (951) 785-2942 Complete and Return to: Office of Financial Aid La Sierra University 4500 Riverwalk Parkway Riverside, CA 92515

PART 3: FINANCIAL AID ADJUSTMENT COMMITTEE USE ONLY

Application Complete:

Selected for Verification:		