

REQUEST FOR REVIEW OF FINANCIAL AID AWARD 2025-2026

Student/	'Applicant Name	Smith ID					
If you have unusual circumstances, complete this form and submit it with specified documentation. Completion of this form does not guarantee an adjustment to the financial aid award and does not release an enrolled student from payment of a balance due on the student account.							
Check All Special Circumstances That Apply:							
Check	Circumstance:	Attach Required Documentation (note student name/id on each page).					
	Loss of Employment or Earned Income	 Explanation of loss. Complete Section A of this form. Copy of the last pay stub from all employers. Termination notice (occurred at least 12 weeks ago). Severance statement (if receive severance). Unemployment benefits statement (if applicable). 					
	Loss of Untaxed Income or Benefits	 Explanation of loss. Complete Section A of this form. Notice of termination of child support. Termination notice of: ex: disability benefits, social security, worker's compensation, etc. List amount of Social Security benefits each member of household will receive in 2025. 					
	One-Time / Non-Recurring Income	• Explanation: type, amount, & how income was used. ex: IRA distribution, property sale, inheritance, Form 1099, etc.					
	Medical Expenses	 If itemize deductions, attach Schedule A from most recent tax year. List (date, type, amount) of unusually high medical, dental, prescription expenses not covered by insurance/3rd party. Total amounts by calendar year: 2023, 2024, 2025 (as applicable). 					
	Household Changes	Complete Section B of this form					
	Divorce or separation	Date of action; also divorce decree or rental agreement, utility bills,etc					
	Death of a parent	• List date of death; life insurance details; estate debts/funeral expenses					
	Other	Describe circumstance and related financial impact.					
 Student/Applicant and Parent Certification: If parents are separated/divorced & each parent has unusual circumstances, submit a separate form for each household. I certify that the information provided on this form is accurate and complete as of this date. I understand that verification of this data may be requested at a later date and that the financial aid award may be adjusted based upon the verification process. 							
Review Request From: email:							
Student/Applicant Signature: date:							
Parent Signature:		date					

Enrolled Student Process: a) Begins after August 15, 2025, b) Forms received after December 15, 2025 are not guaranteed consideration for the 2025-2026 academic year, and c) Review decisions are sent directly to the student by letter or email.

SECTION A: Estimated Income Do not leave any item blank: Include \$0 if applicable. Smith policy does not allow for 2025-2026 aid awards to	be based on 202	26 income (informa	tional only).
If you are able, please include your parent/s' 2024		·	
Taxable Income: Estimated/2024 Actual if Taxes Filed.	2024	2025	2026
Parent 1 Wages or Salary, check: ☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather	\$	\$	\$
Parent 2 Wages or Salary, check: ☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather	\$	\$	\$
Severance Pay/Vacation Payout \$amount included above in wage/salary	\$	\$	\$
Unemployment Compensation: \$ per week x # of weeks	\$	\$	\$
Net Income/Loss from Business (from Schedule C or E p2 or Form 1120)	\$	\$	\$
Interest Income	\$	\$	\$
Dividend Income	\$	\$	\$
Net Rental Income/Loss (from Schedule E p1)	\$	\$	\$
Taxable Distribution – IRA/pension/annuity	\$	\$	\$
Alimony Received	\$	\$	\$
Other Taxable Income (ex: cap. gain, social security, etc): Describe A: Describe B:	\$ \$	\$ \$	\$ \$
Untaxed Income: Estimated/Actual if 2024 complete.	2024	2025	2026
Retirement Contributions (ex: 401(k), 403b, SEP, IRA,etc)	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$
Child Support Received for student	\$	\$	\$
Child Support Received for all other children	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$
Untaxed Pension Distributions	\$	\$	\$
Housing Allowance	\$	\$	\$
Worker's Compensation	\$	\$	\$
Other Untaxed Income: Describe A: Describe B:	\$ \$	\$ \$	\$ \$
SECTION B. Household Changes			

Student Name (print) _____ Smith ID _____

Complete if the number of household family members dependent upon parents for support or the number of children enrolled in private school or college has changed since the submission/completion of the CSS Profile.

Name of:			Expected Family	Enrolled ½ time or
Household family members	Age	School attending (if applicable)	Contribution	greater? Yes/No
			\$	
			\$	
			\$	
			\$	