MACALESTER

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FINANCIAL AID OFFICE

1600 Grand Avenue, St. Paul, Minnesota 55105-1899

PHONE (651) 696-6214 TOLL FREE (800) 231-7974 FAX (651) 696-6866

2024-2025 REQUEST FOR RECONSIDERATION OF FINANCIAL AID ELIGIBILITY

Student Name:	
Macalester ID #	
	kage, a new financial aid letter will be sent to the student. Please questions arise during the review. Responses are normally sent
Name(s):	e-mail:
Street:	
City/State/Zip	
This form may be used to request that the Financial Aid	unexpected and uncontrollable changes in financial circumstances. d Office review these changes and determine if additional financial aid available to applicants requesting review. Available funding is a
 Students and parents may request a review of financial aid eligibility if there has been a significant and unforeseen change in family circumstances since filing the original application for financial aid; there are circumstances that were not presented as part of the original financial aid application the information on the original application was inaccurate. 	 To request a review: Send your request on this form. You may attach a letter and other materials if necessary, but you must complete the relevant sections of this form. Returning Macalester Students: Please provide copies of parent 2022 and 2023 tax returns, if we do not have them already. If you are requesting a review of both fall & spring semester aid, send your request before October 1, 2024. If you are requesting a review of spring semester aid only, send your request before February 15, 2025.
SECTION 1: REQUESTED INCREASE	
Additional aid requested for the 2024-2025 academic year: \$	(Although we are not always able to increase financial aid by the requested amount, this section helps the Financial Aid Office understand the magnitude of your change in circumstances.)
	ZE ents, change in the number of family members dependent upon enrolled in college. Please explain:

SECTION 3: CHANGE IN FAMILY INCOME

Financial aid eligibility for 2024-2025 is normally based on 2022 family income, so this section provides us with information about your more recent income. **Do not leave this section blank.**

Estimated income for:	January 1, 2023 - December 31, 2023	January 1, 2024 - December 31, 2024	
a) Parent 1 projected income from wages or salary (do not include wages that are reported on line i, below)	\$	\$	
b) Parent 2 projected income from wages or salary (do not include wages that are reported on line i, below)	\$	\$	
c) Interest and dividends	\$	\$	
d) Unemployment compensation (\$for weeks)	\$	\$	
e) Severance pay	\$	\$	
f) Other taxable income (specify:)	\$	\$	
g) Child support (for which children:) \$	\$	
h) Public assistance (which program(s):) \$	\$	
i) Other non-taxed income (specify:) Include contributions to 401(k), 403(b) or other retirement plan.	\$	\$	
Projected Total income	\$	\$	
Date parent's employment ceased (if applicable) SECTION 4: UNUSUAL EXPENSES If there have been uncontrollable changes in the family's expenses each expense and the amount you expect to pay toward that experimental aid eligibility include medical expenses and sibling educations.	s, please explain here. <i>li</i> ense during 2024. Examp	les of expenses that may affect	
SECTION 5: MISCELLANEOUS CIRCUMSTA Please attach additional pages if you would like to explain other ci changes shown above. CERTIFICATION (ALL APPLICANTS) The information above is accurate and complete to the best of our soon as they are available. We understand financial aid eligibility r estimates provided here. We will notify the Financial Aid Office if or	rcumstances or provide of the control of the contro	additional information about the	
Student Signature:	Information Release Policy		
Parent(s) Signature:	package, notificat	If review of this request warrants a revised financial aid package, notification will be sent to the student.	
Date:	delivered to the st	Macalester's response to this request may instead be delivered to the student's parents if parent circumstances are part of the request.	