MOUNTHOLYOKE

REQUEST FOR RECONSIDERATION

2025-2026

Student Name _____ **Date:** _____

Requests for Reconsideration of the family contribution are accepted under the circumstances listed below. All Requests for Reconsideration **must** include the following:

1. Documentation that supports your request for reconsideration (*See below*)
2. A detailed explanation of your request
3. This form, signed by the student and a parent of the dependent student

Reason for Reconsideration and Required Documentation

Please check the reason for your request for reconsideration provide the appropriate documentation listed below the reason that you have checked. For circumstances related to changes in income, please provide updated income information for all parents.

❑ **Reduction of income in 2024 as compared to 2023**

- Completed 2024 federal tax return, including all schedules
- All 2024 W2 forms
- Completed Untaxed Household Income Grid (*See below*)

❑ **Reduction of income in 2025 as compared to 2023 or 2024**

*Note: A reduction in total income in 2025 cannot be considered until the end of 2025. If your family will experience a reduction in income in 2025, complete this section of the Request for Reconsideration form and submit the required documentation in **early January 2026**. Adjustments based on a decrease in 2025 income will apply to spring semester only.*

- Signed statement from the student/parent explaining the change of income
- Termination letter and/or any documentation regarding severance pay, if applicable
- End of year pay stubs showing all 2025 work income, 2025 W2 forms or 2024 taxes, if completed
- Completed Untaxed Household Income Grid (*See below*)

Untaxed Household Income Grid		
	Amount Received ($)	
INCOME TYPE	2024	2025
Child support		
Alimony		
Unemployment benefits		
Living allowances, housing benefits, veterans non-education benefits, Workers' Compensation, etc.		
Untaxed Social Security and/or retirement distributions		
Support from others, including money given to the family or paid on their behalf		
Other untaxed income		

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- ❑ **Divorce or separation of student or parent**
  - Copy of divorce decree; copy of legal separation document; a signed statement from your attorney showing the date of separation; or a statement from an unrelated third party
  - Documentation of separate residence
  - Information about child and/or spousal support payments

- ❑ **Death of a spouse or parent**
  - A death certificate or an obituary notice
  - Documentation of all survivors' benefits (i.e. life insurance, pension, social security income, etc.)

- ❑ **Unreimbursed paid medical bills, dental bills or disability-related expenses**
  - Schedule A of most recently filed federal 1040 form
  - Receipts showing amount paid with statement from insurance company showing unreimbursed expenses

- ❑ **Ongoing expenses associated with the care of an elderly parent**
  - Documentation showing paid costs of care

- ❑ **Elementary or secondary school tuition for a disabled child, including learning disability**
  - Tuition bill showing any financial aid, or paid tutor bills

- ❑ **Sibling of student entering high cost undergraduate institution, unknown at time of application**
  - Completed MHC Sibling in College Enrollment Verification Form (available on our website)

- ❑ **Incorrect financial information on the initial financial aid application**
  - For change in tax information, provide copy of taxes (if not previously provided) or 1040X
  - For asset changes, provide documentation of correct amount

- ❑ **Other** (Note: *We are unable to consider requests based on cash flow or consumer debt.)*
  - Relevant documentation supporting the request for reconsideration

Signatures

The information on this form and in supporting documents is true and complete to the best of my knowledge. I (the student) understand that I must exhaust all self-help options (loans/work-study) before additional grant aid will be considered. If I receive additional grant as the result of this request for reconsideration and then decline the self-help in my financial aid package, all additional grant will be rescinded.

_____ _____ _____ _____
Student Signature   *Date*   **Parent Signature**   *Date*

**Prospective students residing in the United States: upload your materials to IDOC.
(idoc.collegeboard.org.)
Prospective International students: email the completed form to your dedicated
SFS counselor at sfs@mtholyoke.edu.
Current students: email the completed form to your dedicated SFS counselor at
sfs@mtholyoke.edu.**