La Sierra UNIVERSITY
Office of Student Financial Services

ID #: _____ NAME: _____ PHONE: _____

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.)*

I request re-evaluation of my financial aid application for the 2023-2024 academic year based upon the following circumstances:

A. ☐ **Change: Size of Household**

	Name	Relationship
☐ Add name(s)		
☐ Remove name(s)		

B. ☐ **Change: Family Members in college**

	Name	Relationship
☐ Add name(s)		
☐ Remove name(s)		

C. ☐ **Loss of Employment: Parent(s) or Student/Spouse Expected Yearly Income for 2023** *(Please attach documentation of loss of employment and expected income/benefits.)*

	Parent	Student
Adjusted Gross Income:		
Estimated Federal Income Tax to be Paid:		
Expected Income from Work:	*(Father)*	*(Student)*
Expected Income from Work:	*(Mother)*	*(Spouse)*
Unemployment Benefits:		
Other: _____		

D. ☐ **Elementary/High School Tuition and/or Child Care Expenses Paid for Other Children**. *(Please attach statement from school/child care facility showing monthly cost and number of months in school.)*

Name of Child:	Name of School/Facility	Phone # of School/Facility	Amount Paid (2021)

E. ☐ **Non-reimbursed Medical Expenses**. *(Please attach documentation in chronological order including itemization sheet which shows the total non-reimbursed amount. Provide a brief explanation:*

Patient Name: _____ Relationship to student:: _____

Comments: _____

F. ☐ **Other:** *Please explain the change in your circumstances and attach appropriate documentation.*

Comments: _____

This form continues on the other side...

RPJE 2324

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	Date	Mother Signature	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: ☐ Yes ☐ No

Missing: _____

Requested: _____ Date: _____

Received: _____ Date: _____

Selected for Verification: ☐ Yes ☐ No

Decision: ☐ Approved ☐ Denied

Comments: _____

Student Notified: _____ Initial: _____

Director of Financial Aid Signature	Date