



Student Name \_\_\_\_\_ MBU ID Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

[illegible]

Student Name \_\_\_\_\_ MBU ID \_\_\_\_\_

Reason for requesting review - Check all that apply (more options on page 3):

			Person Impacted			Examples of Documentation to Provide
	Reason	Date Impacted	Student	Parent 1	Parent 2	
	Layoff					<ul style="list-style-type: none"> <li>Statement from employer on company letterhead confirming the change in employment status</li> <li>Final paystub from employment, or last pay stub at previous rate of pay/hours if employment reduced by not ended</li> <li>Recent paystub from current employer, if applicable</li> </ul>
	Termination of Employment					
	Other loss of income from employment (specify):					
	Loss of Alimony					<ul style="list-style-type: none"> <li>Court document stating end date</li> </ul>
	Loss of Unemployment Benefit					<ul style="list-style-type: none"> <li>Letter from unemployment office stating termination date</li> </ul>
	Loss of Social Security					<ul style="list-style-type: none"> <li>Official Social Security Office notification of termination of benefit</li> </ul>
	Loss of Child Support					<ul style="list-style-type: none"> <li>Court document stating termination date</li> </ul>
	Loss of Worker's Compensation					<ul style="list-style-type: none"> <li>Appropriate documentation of loss</li> </ul>

Student Name \_\_\_\_\_

MBU ID \_\_\_\_\_

	Other impact to regular income (specify):					<ul style="list-style-type: none"> <li>Provide appropriate documentation</li> </ul>
	Unusually High or Unreimbursed Medical/Dental Expenses					<ul style="list-style-type: none"> <li>If you paid out of pocket (i.e. not covered by insurance) for medical or dental expenses after January 1, 2023, please submit: <ul style="list-style-type: none"> <li>Copy of official documentation showing out-of-pocket payments (ex: bills showing amount remaining due after insurance)</li> </ul> </li> </ul>
	One-time benefit reported on taxes	Date Benefit Received:				<ul style="list-style-type: none"> <li>Attach sheet showing any one-time inheritance, moving expense allowance, back year social security payment, lump sum retirement, etc. Indicate how those funds were used and why they should not be included (attach any relevant documentation).</li> </ul>

Continued from page 2- Reason for requesting review (check all that apply):

	Reason	Date Impacted	Examples of Documentation to Provide
	Divorce/Legal Separation		<ul style="list-style-type: none"> <li>Attach a copy of divorce decree or court documentation of legal separation AND W2's and 1099's from 2023 for the parent who provides more than 50% support of the student.</li> <li>Note: Parents of dependent students who are legally still married and live together will be required to use spousal income on the FAFSA.</li> </ul>
	Death of Parent		<ul style="list-style-type: none"> <li>If a parent included within the FAFSA passed away after the FAFSA was completed, submit a copy of: <ul style="list-style-type: none"> <li>The death certificate or newspaper obituary with the date of death;</li> <li>Signed 2023 tax return(s); and</li> <li>Any and all tax schedules, W2s, and 1099s</li> </ul> </li> </ul>

2024 Income from Work and 2025 Projected Income from Work

	2024 Total	Actual Total 01/01/25 - Now	Projected Total Now - 12/31/25	2025 Total
Student	\$	\$	\$	\$
Parent 1	\$	\$	\$	\$
Parent 2	\$	\$	\$	\$

Attach a copy of your signed 2024 tax return or tax return transcript and any current paystubs.

2024 and 2025 Projected Other Income Information

Include information for all family members and include any money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. Please specify the type of income received:

	2024 Total	Actual Total 01/01/2025 - Now	Projected Total Now - 12/31/25	2025 Total
Student	\$	\$	\$	\$
Parent 1	\$	\$	\$	\$
Parent 2	\$	\$	\$	\$

Family Members in College

If you have other family members attending college at least half-time during the 2025-2026 academic year, please provide their names, schools, enrollment status, expected graduation date, and total out-of-pocket cost in the chart below.

Provide documentation showing the financial aid awarded to your family member, which can be in the form of a financial aid award letter and/or screenshot of the financial aid from the student’s financial aid portal at their school. Additional documentation may be requested.

If more space is needed, please provide a separate page with your name and student ID at the top.

Student Name \_\_\_\_\_ MBU ID \_\_\_\_\_

Student Name	Relationship to Student	School Name	Will be enrolled at least halftime (Yes or No)	Undergraduate or Graduate?	Expected Graduation Date MM/YYYY	Total Out-of-Pocket Cost
		Mary Baldwin University				

**CERTIFICATION:** I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information given on this form for consideration of my request. I also understand that submission of this form does not guarantee approval, and that approval does not necessarily indicate an increase in the amount or types of aid I will receive. Both student and parent signatures are necessary to authorize changes to a student's FAFSA.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Return this form**

<b>by mail to:</b> Mary Baldwin University Office of Financial Aid Staunton, VA 24401	<b>by fax to:</b> 540-887-7229	<b>by email to:</b> Finaid@marybaldwin.edu	<b>in person to:</b> Administration Building Ground Floor	<b>through the Document Portal:</b> located on the financialaid.marybaldwin.edu homepage
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