



Parent Contribution Review Form 2023-2024

STUDENT NAME (PRINT CLEARLY)

STUDENT ID NUMBER

EMAIL ADDRESS

PARENT NAME

PARENT PHONE AND EMAIL ADDRESS

PARENT MAILING ADDRESS

CITY

STATE

ZIP CODE

The contribution review allows parents to document unusual circumstances not reflected on the FAFSA. Approval of the circumstances may lower the estimated family contribution which may allow for additional need-based aid.

This review will be accepted from March 1, 2023 - February 29, 2024 for the 2023-2024 aid year.

If verification has not yet been completed, verification of the parent's 2021 tax transcript information and W2's must be submitted to the Financial Aid Office before beginning the Contribution Review

Contribution Review Categories

A decrease in income or benefits since **2020** due to the following circumstances OR expenses *paid* which were not and will not be reimbursed in 2020. Your family contribution, determined by the FAFSA application, must be greater than zero to be considered for this appeal. Check the circumstance that applies. Supply the information as noted in the category with this Review Form.

- Death of a spouse after you have applied for federal financial aid (which included spouse information)**
 - Copy of spouse death certificate
- Divorce/legal separation after you have applied for federal financial aid (which included spouse information)**
 - Copy of divorce decree or legal separation documentation
- Decrease or loss of benefits (i.e., Taxed Social Security, Unemployment Compensation) since 2021**
 - Statement from the benefit provider listing the date of benefit reduction or termination
 - Statement of benefits for 2021, and 2022, and the total received in 2023.
- Tuition *paid* for elementary or secondary school expenses for dependent children attending school during the 2022-2023 academic year due to special needs.**
 - Billing statement from school listing tuition amounts *to be paid* and balance due for the 2021-2022 academic year
 - Special needs documentation
- Natural disaster expenses *paid* (and not covered by insurance or other agency) for expenses from *January 1 through December 31, 2022* Please Submit ALL of the following:**
 - Complete Table A on this form (below)
 - Explanation of the natural disaster (i.e. flood, earthquake, etc.)
 - Copy of insurance appraisal
 - Proof of expenses *paid* for repairs in 2018 and *not* reimbursed by insurance
 - Police report (if filed)
- Medical/Dental expenses *paid* (not covered by insurance) from *January 1 through December 31, 2022*. Total paid must exceed **\$3,000**.**
 - Complete Table A on this form (below)
 - **DO NOT** include insurance premiums or unpaid bills
 - Attach "paid" receipts documenting the medical/dental expenses that you paid in 2021, and were not covered by insurance

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Table A – Itemized Expenses Paid

Include expenses that were not and will not be reimbursed by insurance using the table below. If you are on a monthly payment plan, show proof of at least two consecutive payments and a letter from the medical facility to projected 2022 amount to be paid. **RECEIPTS THAT ARE UNCLEAR CANNOT AND WILL NOT BE CONSIDERED.**

NATURAL DISASTER / MEDICAL / DENTAL EXPENSE TABLE ITEMIZED EXPENSES PAID (AND NOT REIMBURSED BY INSURANCE)				
NAME OF PROVIDER	LIST CATEGORY M=MEDICAL D=DENTAL P=PRESCRIPTION N=NATURAL DISASTER	TOTAL EXPENSES	AMOUNT TO BE COVERED BY INSURANCE	AMOUNT "NOT REIMBURSED" BY INSURANCE AND PAID BY YOU IN 2021 ATTACH "PAID" RECEIPTS
Attach additional sheets, if necessary			TOTAL:	

Loss of employment or reduction in earnings for at least an eight-week period

Please Submit ALL of the following:

- Complete Table B of this form (see page 3)
- Statement from your *current* employer on letterhead listing the beginning date of employment, average monthly earnings, a *current* paycheck stub, and projection of 2023 earnings in Table B. *If you are not currently employed, provide a statement to that effect*
- Statement from *previous* employers on letterhead listing last date of employment and average monthly earnings, with the last paycheck stub received
- If applicable, unemployment benefit statement for total benefits received in 2021 and/or 2022
- If unemployment benefits have ceased, provide a cancellation statement from the agency stating the last date benefits were received and the total amount received in 2021 and 2022. Project the amounts of benefits to be received in 2023 in Table B below
- If 2022 taxes have been completed, Financial Aid may request a signed copy of the tax return and related W2s

YOU MAY BE REQUIRED TO SUBMIT A COPY OF YOUR 2023 FEDERAL TAX TRANSCRIPT IN JANUARY 2024

Table B – Income*

Please list 2021 actual income. List 2022 actual income. List 2023 Projected income for Jan. 2023 – Dec. 2023. Include spouse’s income, if married.

INCOME	ACTUAL 2021	ACTUAL 2022	PROJECTED 2023
Annual Work Income: Father/Step-father			
Annual Work Income: Mother/Step-mother			
Annual Work Income: Student			
Draws from Self-employment			
Withdrawal from Retirement Accounts			
Child Support Received			
Interest/Dividend Income			
Social Security Income for all Family Members			
Unemployment Compensation			
Disability Income			
Support from family			
Severance			
Other			
TOTAL INCOME			

Attach a letter of description that details your circumstances

REVIEW CHECKLIST - Did you include all of these documents?

- | | |
|--|---|
| <input type="checkbox"/> Completed Verification with institution
<input type="checkbox"/> Signed 2021 (and 2022 if available) fed tax return with all schedules/related W-2’s
<input type="checkbox"/> Letter of Description detailing circumstances | <input type="checkbox"/> Completion of Tables A & B, if applicable
<input type="checkbox"/> Paid receipts of reported expenses, if applicable
<input type="checkbox"/> Other required documentation |
|--|---|

I certify that the information provided is true and that false or misleading information will be cause for repayment of financial aid funds received. Due to limited funding, approval of a Contribution Review does not guarantee that additional funds will be awarded.

SIGNATURE OF PARENT COMPLETING THIS FORM

DATE