

Financial Aid 300 North Washington Street Financial Aid Building Campus Box 438 Gettysburg, Pennsylvania 17325 –1400

717.337.6611 717.337.8555 fax www.gettysburg.edu

Change in Financial Information Form: 2019-20 Academic Year

This form is designed to provide the Financial Aid Office at Gettysburg College with additional information when families believe that the 2017 Federal Tax Return data on the 2019-20 FAFSA does not reflect their current financial circumstances.

When financial circumstances change, the Office of Financial Aid is available to help students and their families locate funding sources and understand the options available to them. Advice may include educating a student regarding the financial aid process, recalculating a family's eligibility based on documented financial changes, or counseling a family regarding available loans and payment plans. Before we consider requests for additional Gettysburg College Grant funds, students must have maximized their self-help options, including Federal Direct Student Loans and on-campus employment.

Types of circumstances which may warrant an additional review of financial aid include:

- Unusual medical expenses. Typically must exceed 10-15% of your Adjusted Gross Income.
- Unemployment or loss of job by a parent. Will not be considered until after at least ten weeks from date of unemployment so that severance, unemployment benefits and future employment options can be clarified.
- Your parents have become separated or divorced since submission of the FAFSA. Proof of separate residences will be required.
- Recent death of a parent.
- Other significant loss of income or expense.

For security purposes, please be advised that we do not accept documents with personally identifiable information by email. This document can be sent via secure fax (717-337-8555), mail, or by uploading through a secure link provided by the Financial Aid Office. To request a link to upload the documents, email finaid@gettysburg.edu.

If appropriate, complete the Separated/Divorced and/or Household Worksheets.

| Student Name: | | | First- | ear Applicant for the Class of 2023 | |
|------------------------|------|------------------|---------------|-------------------------------------|---|
| Parent Name: | | | Contin | nuing Student- ID: | - |
| Phone (for questions): | | Email address (f | or questions) | : | _ |
| Student Signature | Date | Parent Sign | ature | Date | |

1. Describe the circumstances, including any relevant dates and information. If a parent is unemployed, describe possible future job prospects or the outlook for finding work in parent's industry. Attach a more detailed letter, if necessary.



Explanation or additional information:

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2. Please itemize the income reported on the 2019-20 FAFSA versus current and anticipated information. *Include dates, if appropriate.*

| | 2017 FAFSA | 2018 | 2019 Anticipated |
|--|---------------|------|---------------------|
| Parent 1 Yearly Earnings- Name: | | | |
| Parent 2 Yearly Earnings- Name: | | | |
| Unemployment Income, if appropriate | | | |
| Disability earnings, if appropriate | | | |
| Severance, if appropriate | | | |
| Anticipated future job earnings (full-time or part-time) | | | |
| Other income (IRA withdrawal, gifts from others, etc.) | | | |
| Parent(s) Adjusted Gross Income | | | |

3. Please describe any additional expenses (i.e. medical coverage expenses due to unemployment, etc.)?

4. Please indicate the options you are considering to cover educational costs for the 2019-20 academic year.



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Separated/Divorced Worksheet

If the FAFSA was submitted as married/remarried in a prior year, the Office of Financial Aid must be provided with additional information in order to support filing the next year's FAFSA as separated/divorced and with only one parent's information.

Parents who are separated/divorced but reside in the same home are required to report both parents' financial information on the FAFSA.

| Stu | udent Name: | ID: | Class Year: | | |
|--|---|-----------------------|---|--|--|
| Date of Separation: Parent 1 Name: Parent 1 Address: | | Date of Divorce: | | | |
| | | Parent 2 Name: | | | |
| | | Parent 2 Address: | | | |
| 1. | Do your parents reside in separate residences? Yes. Pease provide a documentation of a second residence No. Parents who are separated or divorced but reside in the the FAFSA. | | | | |
| 2. | If your parents are living in separate residences, with which parents address reported to Gettysburg College's Registrar's College Parent 1 Parent 2 Both – complete questions 3 and 4 (if appropriate) | | formation. | | |
| 3. | If you are living with both parents, with which parent did you li The student's address reported to Gettysburg College's Registrar's O Parent 1 Parent 2 Equal time – complete question 4 | | | | |
| 4. | If you spent an equal time living with each parent, which parent (this can include both monetary funds as well as in-kind support Parent 1 Parent 2 | | | | |
| | Please describe the type of support received to make this det | termination: | | | |
| 5. | If, during the prior twelve months, a student changed the pare change, including dates. | ent with whom they re | esided the most, describe the residency | | |
| 6. | Additional Information: | | | | |



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Household Resource Worksheet to be used with Separated/Divorced Worksheet

This form should be completed by families who:

- Are in the process of separation or recently divorced (completed with the custodial parent's information only)
- Do not file federal tax returns but for whom clarification of income and resources is needed

| Student Name: | ID: | Class Year: | |
|---|---------|--------------|--|
| | | | |
| Sources of Income | Monthly | Yearly Total | |
| Wages- Parent 1 (custodial parent, if separated/divorced) | | | |
| Wages- Parent 2 | | | |
| State or Federal programs | | | |
| Unemployment or other earnings | | | |
| Child Support Received | | | |
| Alimony Received | | | |
| Social Security Income or benefits | | | |
| Funds withdrawn from savings/checking accounts | | | |
| Funds withdrawn from retirement/IRA accounts | | | |
| Amount paid for by family or friends | | | |
| Other: | | | |
| TOTAL | | | |
| Expenses | Monthly | Yearly Total | |
| Mortgage/Rent | | | |
| Utilities | | | |
| Food | | | |
| Car Payments and/or Transportation Costs | | | |
| Insurance (home, auto, etc.) | | | |
| Real Estate or other taxes | | | |
| Medical Expenses | | | |
| Other: | _ | | |
| TOTAL | | | |

If monthly or yearly expenses exceed income, please clarify additional resources (i.e. credit cards, loans, etc.) which are being utilized.

Additional Information: