



Brophy College Preparatory

BROPHY
COLLEGE PREPARATORY

2009-2010 Financial Aid Change in Circumstances Review Form

The Financial Aid Committee utilizes the data entered into the FACTS Financial Aid System to determine eligibility for financial aid. If there is a significant change in family circumstances from the data entered into the FACTS system, families may inform the Brophy Financial Aid Committee by completing this form.

Student Last Name	Student First Name	Student ID	Today's Date
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Parent Last Name	Student Last Name	Phone Number	Email
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Required Documentation:

- Completed Financial Aid Change in Circumstances Review Form
- Review letter, providing as much detail as possible describing the circumstances
- Documents supporting the circumstances

SECTION 1: Circumstances Review

Employment

- Loss of Employment - Date of Job Loss: _____
- Significant Reduction in Work Income - Date Occurred: _____
- Other: _____

Complete *Income Projection* section. Supporting documentation may include a termination letter, severance benefit statement, unemployment benefit statement, recent pay stubs, etc.

Untaxed Income & Benefits

- Income/Benefit Loss
- Income/Benefit Reduction
- Other: _____

Supporting documentation may include Social Security statement, child support records, etc.

Type of Benefit/Income	Current Amount	New Amount	Date Change Effective

Medical/Dental Expenses

- Uninsured high medical/dental expenses: Paid in 2008 \$ _____ Paid in 2009 \$ _____

Supporting documentation includes receipts for all costs included above.

Separation/Divorce

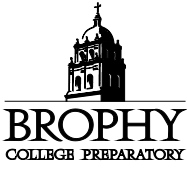
- Separation Date: _____
- Divorce Date: _____

Complete *Income Projection* section. Include in review letter anticipated child support and/or alimony.

Other

- Detailed explanation in review letter.

If circumstances involve a change in income, complete *Income Projection* section. Provide as much supporting documentation as possible.



SECTION 2: Income Projection

Taxable Income (1/1/2009 - 12/31/2009)

Source	Father	Mother	Stepfather	Stepmother
Work Income				
Severance Compensation				
Unemployment Compensation				
Interest/Dividend Income				
Business Income/Loss				
Capital Gain/Loss				
Rental Income/Loss				
Taxable IRA/Pension/Annuity				
Taxable Social Security				
Alimony Received				
Other Taxable Income				

Untaxed Income (1/1/2009 - 12/31/2009)

Source	Father	Mother	Stepfather	Stepmother
Untaxed Social Security Benefits				
Welfare Benefits				
Child Support Received (all children)				
Voluntary payments to retirement plan				
Veterans Benefits (non-education)				
Housing Allowance				
Other Untaxed Income				

Expenses (1/1/2009 - 12/31/2009)

Source	Father	Mother	Stepfather	Stepmother
Child Support Paid				
Alimony Paid				

SECTION 3: Certification

I certify that the information included in this form and in the accompanying documentation is accurate and complete to the best of my knowledge. I understand that completing this form does not guarantee an increase in financial aid. I understand that if I have underestimated projected income it may impact future financial aid reviews. I agree to notify the Financial Aid Committee if my income changes.

Parent's Signature: _____

Date: _____