



## **Lander University Financial Aid Office**

320 Stanley Avenue, Greenwood, SC 29649 Email: finaid@lander.edu • Web: www.lander.edu/finaid Phone: (864) 388-8340 • Fax: (864) 388-8811

## 2024-2025 Student Contribution Adjustment Request

Complete this form if you feel your family has special circumstances that should be considered with your application for financial aid. All sections below must be completed and the form must be signed in order for the request to be reviewed. If you have a special circumstance that you feel warrants a review but that is not listed below, please speak with a counselor in the Financial Aid Office for additional instructions.

Student's Last Name	First	MI	Lander ID (L#)	
Local Address			Local Phone #	

## Circumstances and documentation:

Your request for an adjustment must be accompanied by the following:

- $\hfill \square$  A detailed letter explaining the circumstance(s) surrounding the request; **AND**
- ☐ Appropriate documentation from the chart below:

Circle one	Circle one	Circumstance	Documentation Needed
1		Student has become separated or divorced since applying for aid	<ul> <li>Copy of divorce decree or legal separation agreement.</li> <li>Signed copy of student's and spouse's 2022 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s)</li> <li>Signed copy of student's and spouse's 2023 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s)</li> <li>Contact the Financial Aid Office if you do not have one of these documents</li> </ul>
2		Spouse, whose income was included on the applications, has died	<ul> <li>Copy of death certificate or obituary</li> <li>Signed copy of student's and spouse's 2022 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s)</li> <li>Signed copy of student's and spouse's 2023 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s)</li> </ul>
3	2024 tax year 2025 tax year	Student (or spouse, if married) has experienced a loss of employment resulting in a significant decrease in income compared to the 2022 tax year (January 1-December 31).  Date Change Occurred:/	<ul> <li>Letter from employer documenting last day of employment</li> <li>Copy of last pay stub</li> <li>Documentation of severance pay, vacation pay, unemployment, retirement, or disability benefits to be received for 2024 or 2025, if applicable</li> <li>Statement from Employment Security Commission confirming unemployment eligibility.</li> <li>Copy of last 3 pay stubs for student's spouse or partner, if applicable</li> <li>Projected 2024- or 2025-Income Statement</li> </ul>
4	2024 tax year 2025 tax year	Student or spouse has experienced a <b>change in employment</b> resulting in a significant decrease in income compared to the 2022 tax year (January 1-December 31).  Date Change Occurred://	<ul> <li>Letter from employer documenting change in employment</li> <li>Copy of last pay stub from prior job</li> <li>Copy of last 3 pay stubs from new job</li> <li>Statement from Employment Security Commission confirming unemployment eligibility.</li> <li>Copy of last 3 pay stubs for student's spouse or partner, if applicable</li> <li>Projected 2024- or 2025-Income Statement</li> </ul>
5		Student or spouse received unemployment compensation or some type of untaxed income or benefit in the last calendar year but has completely lost this income or benefit. The untaxed income or benefit must be from a public or private agency, a company, or because of a court order	Letter from the benefit agency documenting that benefit has ceased
6		Student or spouse received a one-time lump sum distribution	Documentation of type, source, and date of lump-sum distribution
7		The family has paid unusual medical, dental, or nursing home expenses, not covered by insurance	Medical bills or account statements showing medical expenses paid ( <b>OR</b> 2022 Schedule A showing medical expenses). Expenses covered by insurance will not be considered
8		Student's or spouse's taxable income increased due to a fund transfer from a regular IRA account to a Roth IRA account	Documentation that funds were transferred from a regular IRA to a Roth IRA
9		Family member did not receive Earned Income Credit, Federal housing assistance, Free or reduced-price school lunch, and/or Medicaid in 2022 or 2023 but is receiving the assistance now.	Documentation of type, source, and date assistance was received.
10		Student paid dependent care expenses not covered by another source	Letter or bills documenting amount and type of expenses paid for 2022 or 2023
11		Student paid elementary and/or secondary school tuition for dependents	Letter or bill from school documenting amount of tuition paid for 2022 or 2023

REQ    XxSCAR = N   Insert CNSLV = N   PJPTAX, if applicable PJPW2, if a	Projected I	ncome Statement	Circle One: 2024 2025			
A. Wages, Salaries, Tips: (Use worksheet below)  Worksheet for Estimating Wages, Salaries, Tips for the Student/Spouse Experiencing Loss of or Change in Employment  1. What are the year-to-date earnings on your final 2024 or 2025 pay stub for former position? (Please attach copy of pay stub.) Last date of employment:  2. What is the amount you are receiving per month for your new position, if now employed? Please include a copy of your last 2 pay stubs documenting your monthly salary Slant date for new position, if applicable:  3. Number of Months you will receive this income between January 1 and December 31.  4. Total anticipated earnings from new position (tlem #2 multiplied by Item #3)  5. Total Anticipated loncome for 2024 or 2025 (include in Box A. on Projected Year Income Statement)  B. Taxable portion: Pensions and/or Annuities:  C. Interest/Dividend Income:  D. Rental Income, Alimony, or Other Income  3. Identify any untaxed Income the student and/or spouse expects to receive January 1 through December 31:  A. VA Non-Educational Benefits  B. Unemployment or Welfare/AFDC Benefits  C. Untaxed portion: Pensions and/or Annuities:  D. Military or Clergy Housing/Food Allowance  E. Any Other Untaxed Income:  \$    Ideclare that the information reported on this document is true and accurate, and I understand that the Financial Aid Office reserves the right to deny a possible adjustment when sound documentation is not provided. I understand that Lander University may verify all estimates of income at year and. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in a financial aid over award.    Student's Signature:	1. Identify	the reason (from front o	of this sheet) that a review is requ	ested:		
Worksheet for Estimating Wages, Salaries, Tips for the Student/Spouse Experiencing Loss of or Change in Employment   What are the year-to-date earnings on your final 2024 or 2025 pay stub for former position?   S	2. Identify	any taxable income the	student expects to receive Janua	ary 1 through December 31:		
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(Please attach copy of pay stub.) Last date of employment: /   \$ 2. What is the amount you are receiving per month for your new position, if now employed? Please include a copy of your last 2 pay stubs documenting your monthly salary   \$ Start date for new position, if applicable: / /   \$ 3. Number of Months you will receive this income between January 1 and December 31.   \$ 4. Total anticipated earnings from new position (Item #2 multiplied by Item #3)   \$ 5. Total Anticipated Income for 2024 or 2025   \$ (include in Box A. on Projected Year Income Statement)   \$ 8. Taxable portion: Pensions and/or Annuities:   \$ C. Interest/Dividend Income:   \$ D. Rental Income, Alimony, or Other Income   \$ 3. Identify any untaxed Income the student and/or spouse expects to receive January 1 through December 31:  A. VA Non-Educational Benefits   \$ B. Unemployment or Welfare/AFDC Benefits   \$ C. Untaxed portion: Pensions and/or Annuities:   \$ D. Military or Clergy Housing/Food Allowance   \$ E. Any Other Untaxed Income:   \$ Ideclare that the information reported on this document is true and accurate, and I understand that the Financial Aid Office reserves the right to deny a possible adjustment when sound documentation is not provided. I understand that Lander University may verify all estimates of income at year end. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in a financial aid over award.  Student's Signature:   Date:   Spouse's Signature:   Date:   Spouse's Signature:   Date:   FACOUNSELOR REVIEW   NOTE: You ONLY must complete verification first if selected for verification.   FACOUNSELOR REVIEW   Approved Deni Verification Completed and RNAVRxx updated (Note on Verf Review Wisht approache)   FACOUNSELOR REVIEW   Approved Deni Verification Completed and RNAVRxx updated (Note on Verf Review Wisht approache)   FACOUNSELOR REVIEW   Pappender   Pappender					ange in Employment	
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4. Total anticipated earnings from new position. (Item #2 multiplied by Item #3)   \$	Please ir Start	nclude a copy of your last date for new position, if a	2 pay stubs documenting your mon	thly salary	\$	
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C. Interest/Dividend Income:  D. Rental Income, Alimony, or Other Income  \$					\$	
D. Rental Income, Alimony, or Other Income  \$	В.	Taxable portion: Pension	ns and/or Annuities:	\$		
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B. Unemployment or Welfare/AFDC Benefits  C. Untaxed portion: Pensions and/or Annuities:  D. Military or Clergy Housing/Food Allowance  E. Any Other Untaxed Income:  S	3. Identify	any untaxed Income the	e student and/or spouse expects	to receive January 1 throug	h December 31:	
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D. Military or Clergy Housing/Food Allowance \$	В.	B. Unemployment or Welfare/AFDC Benefits \$		\$		
E. Any Other Untaxed Income:    Second	C.	C. Untaxed portion: Pensions and/or Annuities: \$		\$		
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Insert CNSLV = N PJPTAX, if applicable PJPW2, if applicable PJPW3, if applicable	ATA ENTRY					
PJPTAX, if applicable PJPW2, if applicable PJPW2, if applicable adjustments and attach PCAR)  Verification Completed and RNAVRxx updated (Note on Verf Review Wksht adjustments and attach PCAR)			NOTE: You ONLY must complete v	erification first if selected for ve	erification.	
PJSTAX, if applicable RNANAxx/Information Release tab – PJ Used = YFS	REQ		Verification Completed and RNAVRxx			
PJSW2, if applicable Recalc Need update ROAUSDE efc and trans # update RPAAWRD aid and recalc		PJSTAX, if applicable	RNANAxx/Information Release tab – P		d and rocale	

DATA ENTRY		COUNSELOR REVIEW		
RRAAREQ	xxSCAR = N Insert CNSLV = N	Review SCAR instructions for all required docs. If not collected, note why.  NOTE: You ONLY must complete verification first if selected for verification.		
		FAO Counselor/Committee Decision (circle)	Approved	Denied
	PJPTAX, if applicable	PW2, if applicable adjustments and attach PCAR)		
	PJPW2, if applicable			
	PJSTAX, if applicable			
	PJSW2, if applicable	Recalc Need, update ROAUSDF efc and trans #, update RPAAWRD aid and recalc		
	PJNLU, if applicable	Pell; clear overwards for COA and/or need; forward to Loan Counselor for loan adj		
Initials/date	itials/date RRAAREQ – xxSCAR + add CORRP for correction			
Fwd to Counselor date		RHACOMM		
IPA:		Add to Excel for PJs and mail merge appropriate ltr based on whether ISIR rec'd or		
30% food; 22% housing, 9% transportation expenses, 16% personal care, 11% medical care, and 12% other family consumption		paper FAFSA coded		
		CNSLR Initials and date		