

Student Name: _____

2009-2010 FINANCIAL AID REVIEW REQUEST

Due to the unusual circumstances described below, I/we are requesting that Maine Maritime Academy's Financial Aid Office factor in the following information when awarding financial assistance for the 2009-2010 academic year. (Check one or more.)

I have left (in the past 12 months) or plan to leave full-time employment to attend MMA full-time. My last day of employment was/will be _____. The name of my most recent employer is/was _____.
***Required: Attach a letter from your employer stating your last day of employment and a copy of your last paycheck stub.**

Our family has incurred unusual medical expenses which we would like to be taken into consideration. These expenses are the result of _____.
***Required: Attach copies of bills, copies of checks showing payments above and beyond what your insurance has paid.**

One of my parents who normally worked full-time is currently unemployed. The last date this parent worked full-time for his/her employer was _____ and the name of his/her most recent employer was _____.
***Required: Attach a copy of the parent's unemployment claim that has been filed. Attach a letter from your employer stating your last day of work and a copy of your last paycheck stub.**

I did/will be doing my co-op in a location beyond commuting distance from my home and will incur living expenses as a result. My home town is _____ and my co-op is in _____.
(City/State)
***Required: Keep/attach copies of rent and/or other necessary expenses incurred during co-op.**

Our family's 2009 income will be considerably less than what it was in 2008. The reason(s) for this decrease is/are _____.

***Required: Attach proof of such claim, example, current pay stub, copy of a divorce decree, etc. You may have to provide a previous year's W2 or taxes if needed.**

Other unusual circumstances. Please explain in detail. Use another page if necessary.

***Required: Attach supporting documents.**

Please make sure both sides are completed

Student Name: _____

ESTIMATED 2009 INCOME FOR STUDENT AND/OR PARENT(S)

Parent estimated 2009 taxable income (including unemployment compensation) Father/Stepfather \$ _____
Mother/Stepmother \$ _____

Parent estimated 2009 non-taxable income (workmen's comp., tax deferred, etc.) Father/Stepfather \$ _____
Mother/Stepmother \$ _____

Student/spouse estimated 2009 taxable income \$ _____
Student/spouse estimated 2009 non-taxable income \$ _____

ITEMIZED 2008-2009 UNUSUAL MEDICAL EXPENSES (those actually paid by the student or parents.) Do not include expenses incurred but not yet paid or medical expenses paid by insurance. Include copies of cancelled checks.

| PHYSICIAN/HOSPITAL | Amount Paid | Date Paid | Paid By |
|--------------------|-------------|-----------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

(Attach Additional Sheets if Necessary)

CO-OP EXPENSES RELATED TO CO-OP EXPERIENCE AWAY FROM HOME

Date of Co-op: From (Month/Day/Year): _____ To (Month/Day/Year): _____

RENT: \$ _____ per week for _____ weeks will be/was paid to:

Name/Address: _____
(Include copies of cancelled checks)

FOOD: \$ _____ per week for _____ weeks

TRANSPORTATION (@ \$ _____ per miles) \$ _____ per week for _____ weeks

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Please make sure both sides are completed