

# University of St. Francis

2026-2027

## Request for Re-evaluation Dependent Student

Federal regulations provide the potential for re-evaluation if your financial circumstances change. Your financial aid application may not be an accurate indicator of your family's current financial status. In most cases, your family must meet one of the circumstances indicated below to qualify for re-evaluation of your financial aid eligibility.

Once you have completed all steps below, return this form along with the **required supporting documentation** to Financial Aid Services. Submission of this form does not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis.

### STEP I: Student Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI  
Permanent Address \_\_\_\_\_  
Number and Street City State Zip  
USF ID or SSN: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

### STEP II: Reason for Re-evaluation

**Note:** The word parent refers to supporting parent or step-parent as defined in the guidelines of the Free Application for Federal Student Aid (FAFSA).

- ☐ **A.** Your parent was employed in 2024, but is no longer working in this full-time position.  
**Required Documentation:**  
1. Statement from previous employer(s) indicating the date your parent ceased employment.  
2. Verification of wages earned the ENTIRE year of 2024 or copy of final pay-stub.  
3. Statement of unemployment benefits received.  
4. Reason for job loss: \_\_\_\_\_
- ☐ **B.** Your parent earned money in 2024, but has changed employment or positions and is currently earning substantially less money in 2025.  
**Required Documentation:**  
1. Statement from employer(s) indicating date of change and your parent's earnings for 2025.  
2. Verification of wages earned the ENTIRE year of 2024 or copy of final pay-stub.  
3. Date of job change: \_\_\_\_\_
- ☐ **C.** Your parent received taxed or untaxed income in 2024, but have completely lost that income or benefit (*i.e. unemployment, social security, child support, etc...*)  
**Required Documentation:**  
1. A statement from the source of the income or benefit indicating the dates the income benefit was received and the estimated income or benefits received in 2024  
2. Reason for loss of benefits: \_\_\_\_\_
- ☐ **D.** Since you applied for financial aid for 2026-2027, your parents have separated or divorced.  
**Required Documentation:**  
1. If separated: attach a notarized statement indicating the date of separation; or if divorced: attach a copy of the divorce decree.  
2. Statement indicating the number of people residing in your supporting parent's household after the divorce or separation.  
3. Date of divorce or separation: \_\_\_\_\_
- ☐ **E.** Since you applied for financial aid for 2026-2027, one of your parents has died.  
**Required Documentation:**  
1. Copy of your parent's death certificate;  
2. Date of death: \_\_\_\_\_
- ☐ **F.** Your parent(s) received a one-time income in 2024, such as Social Security payment, inheritance, IRA or pension distribution.  
**Required Documentation:**  
1. Statement from source of one-time income indicating amount.  
2. A statement from your parent(s) indicating how the funds were spent or invested.

- ☐ **G.** Your parent(s) incurred extensive medical and/or dental expenses in 2024 not paid by insurance.  
**Required Documentation:**  
1. Copy of your parent(s)' 2024 federal income tax schedule A.  
2. Receipts of medical and dental payments not covered by insurance that have already been paid.

- ☐ **H.** Your parent(s) paid elementary and/or secondary tuition in 2024 and expect to pay this expense in 2025.  
**Required Documentation:**  
1. A statement from the educational institution indicating tuition paid in 2024 and the anticipated tuition for 2025.

☐ **I.** Other:

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### STEP III: Your Family's Expected 2025 Income

**In the calendar year 2025, how much:**

1. Will your father earn from work? ..... \$ \_\_\_\_\_
2. Will your mother earn from work? ..... \$ \_\_\_\_\_
3. Will be the amount of your parent(s)' tax-deductible payments to IRA and/or Keogh? ..... \$ \_\_\_\_\_
4. Will your father receive in Unemployment Compensation? ..... \$ \_\_\_\_\_
4. Will your mother receive in Unemployment Compensation? ..... \$ \_\_\_\_\_
6. Will your parent(s) receive in Child Support? ..... \$ \_\_\_\_\_
7. Will your parent(s) receive in Workers' Compensation? ..... \$ \_\_\_\_\_
9. Will your parent(s) receive in Social Security benefits? ..... \$ \_\_\_\_\_
11. Will your parent(s) receive in Aid to Families with Dependent Children(AFDC) or ADC?..... \$ \_\_\_\_\_
12. Will your parent(s) receive in other untaxed income, such as earned income credit, housing, food, and other living allowances from military, clergy, and others. Include cash payment and cash value of benefits..... \$ \_\_\_\_\_

**If your parent is receiving unemployment compensation or severance, please complete the following information:**

What is the weekly benefit amount? \_\_\_\_\_

How many weeks in 2025 will these benefits be received? \_\_\_\_\_

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### STEP IV: Read, Sign, and Return to the University of St. Francis, Financial Aid Services

*Certification:* The information on this form and attached documentation is true and complete to the best of our knowledge. I/We understand that additional documentation of your family's financial circumstances may be requested. If necessary, please attach a separate page explaining more details regarding your re-evaluation request.

Student's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date Completed \_\_\_\_\_ Is your required documentation attached? \_\_\_\_\_

Please return the completed form to:

**Financial Aid Services**

500 Wilcox Street Joliet, IL 60435 | [finaid@stfrancis.edu](mailto:finaid@stfrancis.edu)  
(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822