

University of St. Francis
2026-2027
Request for Re-evaluation
Independent 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 USF 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

- ☐ **A.** You (or your spouse) were employed in 2024, but are no longer working in this full-time position.
Required Documentation:
1. Statement from previous employer(s) indicating the date you (or your spouse) 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.** You (or your spouse) earned money in 2024, but have changed employment or positions and are currently earning substantially less money in 2025.
Required Documentation:
1. Statement from employer(s) indicating date of change and your (or your spouse'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.** You (or your spouse) 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, you and your spouse 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 household after the divorce or separation.
3. Date of divorce or separation: _____
- ☐ **E.** Since you applied for financial aid for 2026-2027, your spouse has died.
Required Documentation:
1. Copy of your spouse's death certificate;
2. Date of death: _____
- ☐ **F.** You (or your spouse) 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; and
2. A statement from you (or your spouse) indicating how the funds were spent or invested.

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

☐ **H.** You (or your spouse) paid elementary and/or secondary tuition in 2025 and expect to pay this expense in 2025.
Required Documentation:
1. A statement from the education institution indicating tuition paid in 2024 and the anticipated tuition for 2025.

☐ **I.** Other:

STEP III: Your Family's Expected 2025 Income

In the calendar year 2025, how much:

1. Will you earn from work? \$ _____

2. Will your spouse earn from work? \$ _____

3. Will be the amount of your (or your spouses) tax-deductible payments to IRA and/or Keogh? \$ _____

4. Will you receive in Unemployment Compensation?..... \$ _____

5. Will your spouse receive in Unemployment Compensation? \$ _____

6. Will you (or spouse) receive in Child Support? \$ _____

7. Will you receive in Workers' Compensation? \$ _____

8. Will your spouse receive in Workers' Compensation?..... \$ _____

9. Will you receive in Social Security benefits?..... \$ _____

10. Will your spouse receive in Social Security benefits? \$ _____

11. Will you receive in AFDC or ADC? \$ _____

12. Will you (or your spouse) 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.)....\$ _____

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 Signature _____ Spouse 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
(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822