DEPENDENT STUDENT
REDUCED INCOME CONSIDERATION FORM
2014-15

STUDENT'S NAME

SOC. SEC. NO.

In cases where there has been at least a $6,000 reduction in 2014 parental income (when compared with 2013 income) and at least ten weeks since the change in circumstance occurred, we will evaluate your request for reduced income consideration and award additional assistance, providing funds are available. Please complete and return this form to the Office of Financial Aid, Wilson College, 1015 Philadelphia Avenue, Chambersburg, PA 17201-1285.

1. Indicate the reason(s) for your reduction in income below and/or on page 2, complete all sections, and attach required documentation.

2. Complete the Certification Statement and write a brief summary of your special circumstances on page 2. This form should not be returned prior to May 15, 2014.

Please indicate the reason for your change in income. Mark all that apply and attach the required documentation.

Loss of Income from Work for Parent

☐ Layoff. Provide a letter from employer stating effective date and anticipated return.

☐ Company Closing. Provide a letter from employer stating effective date.

☐ Job Termination. Provide a letter from employer stating effective date. If this is not available, provide documentation from local unemployment office.

☐ Disability. Date of Disability: ______________________. Attach physician’s documentation of disability.

☐ Quit job or reduced employment. Provide a letter from employer stating effective date.

☐ Other. Please specify and provide appropriate documentation.

Loss of Taxable or Untaxed Income

☐ Alimony. Provide court document(s) stating termination date of benefit.

☐ Unemployment. Provide a letter from the unemployment office stating termination date of benefit.

☐ Social Security. Provide Social Security Administration notification of termination of Benefit.

☐ Child Support. Provide a letter or court document stating termination date of benefits.

☐ Other. Please specify and provide appropriate documentation.

Other Circumstances

☐ Death of Parent. Since applying for financial aid, your parent has died.
Date of death: ______________________. Attach a copy of the death certificate, signed copy of your parents’ 2013 Federal Tax Return and W-2 form(s). Give only information of surviving parent when completing Section A.

☐ Divorce. Since applying for financial aid, your parents have become divorced.
Date of divorce: ______________________. Attach a copy of the divorce decree, a signed copy of your parents’ 1020 Federal Tax Return and W-2 form(s). Give information about parent with whom you live when completing Section A.
Separation. Since applying for financial aid, your parents have become separated.
Date of separation: ____________________________
Current address of other parent: ____________________________
Attach a signed copy of parents' 2013 US Income Tax Return and W-2 form(s). Give information about parent with whom you live when completing Section A.

Medical Expenses Your parents have unreimbursed medical/dental expenses which exceed 5% of the total family income including the adjusted gross income reported on the 2013 U.S. Income Tax Return plus any untaxed income. Attach a signed copy of parent’s 2013 US Income Tax Return and W-2 forms(s), as well as Schedule A (if applicable). Indicate the amount of money which your parent(s) PAID in 2013 for medical and dental expenses (including insurance premiums). Do Not Include amounts covered by insurances, your company pre-tax medical/dental reimbursement account (flexible spending amount), monies paid toward establishing the company medical reimbursement account if tax-deferred, or self-employed health deductions from Form 1040-line 29. Indicate whether your family medical/dental expenses were paid from income, savings, and/or other sources and indicate the approximate amount paid from each source. You may wish to attach bills, out-of-pocket payments, etc.

A. Report all parental income actually received from January 1, 2014 through today. Then estimate all income your parents expect to receive through December 31, 2014. PLEASE ATTACH DOCUMENTATION OF ALL INCOME. Documentation could include recent pay stubs with year-to-date earnings, a letter from your employer stating total and estimated earnings, etc.

<table>
<thead>
<tr>
<th>INCOME FOR JANUARY 1, 2014 TO DECEMBER 31, 2014</th>
<th>ACTUAL 01/01/14 to TODAY (not prior to 5/11/14)</th>
<th>ESTIMATED TODAY to 12/31/14</th>
<th>TOTAL ACTUAL PLUS ESTIMATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected 2014 income earned from work by father (wages, salaries, tips, net business/farm income)</td>
<td></td>
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<tr>
<td>Expected 2014 income earned from work by mother (wages, salaries, tips, net business/farm income)</td>
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<tr>
<td>Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.) SOURCE(S):</td>
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<td>Social Security Benefits</td>
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<td>Welfare Benefits, including TANF (no Food Stamps)</td>
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<td>Child Support Received</td>
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<td>Other untaxed income (earned income credit, worker’s compensation, payments to IRA/Keogh, etc.) SOURCE(S):</td>
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<tr>
<td>TOTAL 2014 INCOME</td>
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B. SUMMARY OF PARENTAL REDUCED INCOME

C. CERTIFICATION: I certify that the information provided on this document is true and complete to the best of my knowledge. I agree to provide proof of the information that I have reported on this form if asked by the Office of Financial Aid. I also realize that if I do not provide proof when asked, the student will not receive reduced income consideration.

Parents’ Signatures ____________________________ Date ______________

__________________________ Date ______________