



# Lander University Financial Aid Office

21SCAR

320 Stanley Avenue, Greenwood, SC 29649  
 Email: [finaid@lander.edu](mailto:finaid@lander.edu) • Web: <https://www.lander.edu/admissions/tuition-financial-aid>  
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## 2020-2021 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.**

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

**Circumstances and documentation:**

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

- You must have submitted your 2020-2021 Free Application for Federal Student Aid (FAFSA) at [www.fafsa.gov](http://www.fafsa.gov).
- A detailed letter explaining the circumstance(s) surrounding the request; **AND**
- 2020-2021 Number in Household and Number in College worksheet, if not already submitted (copy available at the end of this document or at <https://www.lander.edu/admissions/tuition-financial-aid/forms>); **AND**
- Parents' Signed 2018 Federal Tax Return(s) and all schedules and W-2s; **OR** the 2018 IRS Tax Transcript available at [www.irs.gov](http://www.irs.gov) (if parental information required on FAFSA)
- Student's Signed 2018 Federal Tax Return and all schedules and W-2s; **OR** the 2018 IRS Tax Transcript available at [www.irs.gov](http://www.irs.gov)
- Appropriate documentation from the chart below:

Circle one	Circle one	Circumstance	Documentation Needed
1		Spouse, whose income was included on the applications, has died	<ul style="list-style-type: none"> <li>▪ Copy of death certificate or obituary</li> </ul>
2	2019 tax year  2020 tax year	Student (or spouse, if married) has experienced a <b>loss of employment</b> resulting in a significant decrease in income compared to the 2018 tax year (January 1-December 31).  Date Change Occurred: _____/_____/_____	<ul style="list-style-type: none"> <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 2019 or 2020, if applicable</li> <li>▪ Statement from Employment Security Commission confirming unemployment eligibility</li> <li>▪ Projected 2019 or 2020 Income Statement</li> </ul>
3	2019 tax year  2020 tax year	Student or spouse has experienced a <b>change in employment</b> resulting in a significant decrease in income compared to the 2018 tax year (January 1-December 31).  Date Change Occurred: _____/_____/_____	<ul style="list-style-type: none"> <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>▪ Projected 2019 or 2020 Income Statement</li> </ul>
4		Student or spouse received unemployment compensation or some type of untaxed income or benefit (i.e., child support) 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	<ul style="list-style-type: none"> <li>▪ Letter from the benefit agency documenting that benefit has ceased</li> </ul>
5		Student or spouse received a one-time lump sum distribution	<ul style="list-style-type: none"> <li>▪ Documentation of type, source, and date of lump-sum distribution</li> </ul>
6		The family has paid unusual medical, dental, or nursing home expenses, not covered by insurance	<ul style="list-style-type: none"> <li>▪ Medical bills or account statements showing medical expenses paid (<b>OR</b> 2018 Schedule A showing medical expenses). Expenses covered by insurance will not be considered</li> </ul>
7		Students' taxable income increased due to a fund transfer from a regular IRA account to a Roth IRA account	<ul style="list-style-type: none"> <li>▪ Documentation that funds were transferred from a regular IRA to a Roth IRA</li> </ul>
8		The family has paid elementary and/or secondary school tuition for dependents	<ul style="list-style-type: none"> <li>▪ Letter or bill from school documenting amount of tuition paid for 2018 or 2019</li> </ul>
9		Student paid dependent care expenses not covered by another source	<ul style="list-style-type: none"> <li>▪ Letter or bills documenting amount and type of expenses paid for 2018 or 2019</li> </ul>

**Projected Income Statement**      Circle One:    2019    2020

1. Identify the reason (from front of this sheet) that a review is requested: \_\_\_\_\_
2. Identify any taxable income the student expects to receive January 1 through December 31:

A. Wages, Salaries, Tips:                                  Student \$ \_\_\_\_\_      Spouse \$ \_\_\_\_\_  
 (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 2019 or 2020 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 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 2019 or 2020 (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. Child Support    \$ \_\_\_\_\_

D. Untaxed portion: Pensions and/or Annuities:    \$ \_\_\_\_\_

E. Military or Clergy Housing/Food Allowance    \$ \_\_\_\_\_

F. Any Other Untaxed Income:    \$ \_\_\_\_\_

***I declare 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 overaward.***

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Aid Office Use Only**

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	Review SCAR instructions for all required docs. If not collected, note why.	
Initials/date		FAO Counselor/Committee Decision (circle)	Approved    Denied
Fwd to Counselor date		Verification Completed and RNAVRxx updated (Note on Verf Review Wksht adjustments and attach PCAR)	
		RNANAx/Information Release tab – PJ Used = YES	
		Recalc Need, update ROAUSDF etc and trans #, update RPAAWRD aid and recal Pell; clear overwards for COA and/or need; forward to Loan Counselor for loan adj	
		RRAAREQ – xxSCAR + add CORRP for correction	
		RHACOMM	
		Add to Excel for PJs and mail merge appropriate ltr based on whether ISIR rec'd or paper FAFSA coded	
		CNSLR Initials and date	



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21NHH  
21NCOL

### 2020-2021 Number in Household and Number in College

<b>Student's Last Name</b>	<b>First</b>	<b>MI</b>	<b>Lander ID (L#)</b>
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Your application for federal student aid was selected for a review process called "verification." Please complete the information below.

**Instructions for whom to include in "Name of Household Members":**

- If you are a Dependent Student and are required to provide your parent's information on the FAFSA, include:**
  - Yourself and your parent(s) (must include stepparent) **NOTE:** To determine who is considered a parent for purposes of this form, refer to <http://studentaid.ed.gov/fafsa/filling-out>. **Grandparents, foster parents, legal guardians or those with legal custody are NOT considered parents (unless they legally adopted you) for FAFSA purposes and their information cannot be used.**
  - Your parent's other children if
    - (a) your parents will provide **more than half of their support from 7-1-2020 through 6-30-2021 OR**
    - (b) the children **could answer "NO" to every dependency status question on the FAFSA**
  - Other people **if they now live with your parents** and your parents provide **more than half of their support, and will continue to provide more than half of their support from 7-1-2020 through 6-30-2021.**
    - Please attach an estimate for the individual's yearly expenses, the yearly amount your parent(s) provide for them, the individual's yearly income/assistance from all sources (list disability, food stamps, jobs, financial aid, etc.), and who claimed them on taxes.
  
- If you are an Independent Student and are not required to provide your parent's information on the FAFSA, include:**
  - Yourself and your spouse (if married),
  - Your children, if you will provide **more than half of their support from 7-1-2020 through 6-30-2021**
  - Other people **if they now live with you** and you **provide more than half of their support, and will continue to provide more than half of their support from 7-1-2020 through 6-30-2021.**
    - Please attach an estimate for the individual's yearly expenses, the yearly amount you provide for them, the individual's yearly income/assistance from all sources (list disability, food stamps, jobs, financial aid, etc.), and who claimed them on taxes.

**Instructions for whom to include in "Number in College":**

Include in the space below information about any household member who is, or will be, enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2020 and June 30, 2021, and include the name of the college.

Number in Household			Full name of college if enrolled at least ½ time in a certificate, diploma or degree program for 2020-21
Full Name	Age	Relationship	List Name of College
		<i>Self</i>	<i>Lander University</i>

(Attach separate page if more space is needed.)

By signing this worksheet, I/We certify that all of the information reported is complete and accurate.  
**(Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.)

<b>Student's Signature</b> (Required, digital signature not accepted)	<b>Phone #</b>	<b>Date</b>
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<b>Parent's Signature</b> (Required, digital signature not accepted)	<b>Phone #</b>	<b>Date</b>
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DATA ENTRY	Financial Aid Office Use Only	COUNSELOR REVIEW	
RRAAREQ	xxNHH = N - Pending Review xxNCOL = N - Pending Review	Complete Verf Review form	
Initials/date		CNSLR Initials/date	
Fwd to Counselor date			