



Maine Maritime Academy  
 Financial Aid Office  
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**Financial Aid Review Request Form 2010-2011**

Student: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Dear Student:

The primary responsibility for financing a student’s education rests with the student and their family. Unless a student is classified as Independent for financial aid purposes by federal definition, parental income and asset information must be included in determining eligibility. Student (and parents, when applicable) contributions (together making up the Expected Family Contribution of EFC) are calculated using a congressionally mandated needs-analysis formula. Maine Maritime Academy recognizes this formula may not always accurately reflect special circumstances for individual students and/or families.

If your situation has changed drastically from the information you provided on the 2010-2011 Free Application for Federal Student Aid (FAFSA) and the situation falls into one of the categories listed in this form, you may submit a completed Financial Aid Review Request Form along with the required documentation. Please allow 2-4 weeks processing time after we receive the request.

Once a completed request is reviewed, it may result in either 1) a reduction in the base year income and/or assets, 2) the use of projected income for the current calendar year, or 3) an increase in cost of attendance for the current academic year.

In many cases, an adjustment does not increase the student’s eligibility for gift aid (grants and scholarships that do not have to be repaid). In fact, the adjustments may only increase the student or parent’s eligibility for loans; change non-need based loans to need based loans, or many not result in any increased aid.

If you wish to proceed with the Financial Aid Review Request Form, please check and complete all applicable boxes, sign, attach all required documentation, and then mail to the address provided above.

An incomplete application will be returned. Please, do not submit this form unless the form is complete and all requested documentation, signatures, and requirements have been met.

**ESTIMATED 2010 INCOME FOR STUDENT AND/OR PARENT(S)**

Parent estimated 2010 taxable income	Father/Stepfather	\$ _____
(including unemployment compensation)	Mother/Stepmother	\$ _____

Parent estimated 2010 non-taxable income	Father/Stepfather	\$ _____
(workmen’s comp., tax deferred, etc.)	Mother/Stepmother	\$ _____

Student/spouse estimated 2010 taxable income	\$ _____
Student/spouse estimated 2010 non-taxable income	\$ _____

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 2010-2011 academic year. (Check one or more.)

- 1) **Unusual medical and dental expenses paid in 2009 and are not subject to reimbursement by insurance**

**Required Documentation:**

- itemized statement of all bills reflecting payment (check stubs/credit card statement)
- photocopy of records from doctors, dentists, hospitals, insurance carrier, pharmacy, etc.
- documentation that these costs have not been and will not be covered by insurance

- 2) **Reduction of income due to loss of child support, alimony, and/or social security benefits**

**Required Documentation:**

- one or more of the following: social security statements verifying change/termination of benefits; court records; divorce/separation agreements & updates; other legal documentation

- 3) **Reduction of income due to death, permanent disability, and/or separation/divorce**

**Required Documentation:**

- for a death – photo copy of death certificate or newspaper obituary, expected life insurance or death benefits to be paid in 2010
- for a disability – documentation of disability and resulting permanent inability to work from attending physician
- for a separation/divorce - copy of separation/divorce agreement or signed statement

- 4) **One of my parents who normally worked full-time is currently unemployed**

**Required Documentation:**

- letter from employer stating indicating: last day of work, position has been terminated or laid-off, and terms of any severance package
- copy of unemployment claim AND benefits receiving and length of time receiving benefits
- copy of last paycheck stub

- 5) **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 Documentation:**

- Attach a letter from your employer stating your last day of employment
- copy of your last paycheck stub

- 6) **I did a co-op in a location beyond commuting distance from my home and incurred living expenses as a result.** My home town is \_\_\_\_\_ and my co-op was in \_\_\_\_\_ (City/State).

**Required Documentation:**

- attach copies of rent and/or other necessary expenses incurred during co-op.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_