
Student Name

Email

Stanford ID

Telephone

Parent Name

Parent Email

PARENT SECTION I

Reason for Request: We want to be helpful, but we do not want to be unrealistic to the University's ability to revise the financial aid package. Revisions will be considered only if one of the criteria listed below is met. We make every effort to respond as quickly as possible; however, the response time may be 3-4 weeks in April and up to 6 weeks at other times of the year. Below please indicate which of the following circumstances best describe your situation:

- New expenses relating to educational costs for family members currently enrolled in a degree program, not previously considered: complete *Parent Section II* with the following information: the name of family member, name of institution, cost of attendance, degree program, any reimbursement of costs, financial aid to be received and expected date of degree completion. .
- Extraordinary additional medical or dental expenses, usually in excess of 4% of total parent income, that have occurred since filing the 2015-2016 College Scholarship Service (CSS) PROFILE, that are not covered by insurance: itemize in *Parent Section II* and submit documentation.
- A parent has become unemployed or has a reduction in earnings for the period **January through December 2015**: complete *Parent Section II* and *Parent Section III* and, if appropriate, provide the date of termination and expectation for future employment.
- Other extenuation circumstances that may justify a revision: explain in *Parent Section II* and attach supporting documentation. In addition, when appropriate, complete *Parent Section III*.

PARENT SECTION II

Explanation of Circumstances: (It may be necessary to explain further on a separate sheet of paper. Be sure to attach supporting documentation.)

Parent Signature

Date

PARENT SECTION III

Projected 2015 Income: Complete the following information using the best projection possible for January through December 2015. We recommend that you retain a copy of the breakdown for your records, and near the end of 2015, report increases of \$3,500 or more in the projected income.

Father's wages, salaries, tips:	\$ _____
Mother's wages, salaries, tips:	\$ _____
Interest income:	\$ _____
Dividends:	\$ _____
Net income from business or farm:	\$ _____
Net rental income (or loss):	\$ _____
Pensions, annuities, royalties, partnerships, estates, trusts, etc.:	\$ _____
Unemployment compensation	\$ _____
Other taxable income: (identify) _____	\$ _____
Child Support	\$ _____
Your Contributions to tax-deferred retirement plans (401k, 403b, 457, 414h, etc.)	\$ _____
Untaxed Disability Income:	\$ _____
Social Security:	\$ _____
Housing and living allowance paid to clergy, military, etc.:	\$ _____
Other untaxed income: (identify) _____	\$ _____
 TOTAL from all sources:	 \$ _____

Parent's Signature

Date

Student's Signature

Date

Please fax this form to the Financial Aid Office at (650) 725-0540