

**PARENT CONTRIBUTION REVIEW FORM  
2007-2008**


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STUDENT NAME (PRINT CLEARLY)

CSF ID NUMBER

EMAIL ADDRESS

PARENT NAME

PARENT TELEPHONE NUMBER

PARENT MAILING ADDRESS

CITY

STATE

ZIP CODE

The purpose of the contribution review is to allow parents to document unusual circumstances not reflected on the FAFSA. Approval may lower the student's contribution which may allow for additional need based aid.

**This review will be accepted for processing March 1, 2007 - February 29, 2008  
The deadline for this appeal is February 29, 2008**

All reviews require parent signed 2006 federal tax return(s) with W-2's

- Check Here If You Did Not And Will Not File A 2006 Federal Tax Return.  
Please Complete Table B, Page 3 Of This Form and Attach 2006 W-2's.**

|                                       |
|---------------------------------------|
| <b>CONTRIBUTION REVIEW CATEGORIES</b> |
|---------------------------------------|

**Decrease in income or benefits in 2007 (January 1 - December 31) due to the following circumstances  
OR Expenses *paid* which were not and will not be reimbursed in 2007**

Your contribution, determined by the FAFSA application, must be greater than zero to be considered for this appeal.

- Death of a spouse after you have applied for federal financial aid (which included spouse information)**
- Copy of spouse death certificate
- Divorce/legal separation after you have applied for federal financial aid (which included spouse information)**
- Copy of divorce decree or legal separation documentation
- Decrease or loss of benefits (i.e., Social Security, Unemployment Compensation) in 2007 (January 1 – December 31)**
- Statement from the benefit provider listing the date of benefit reduction or termination
  - Statement of benefits for 2006 and total received in 2007
- Decrease in child support received OR increase in child support paid to ex-spouse in 2007 (January 1– December 31)**
- Divorce decree and addendum to the decree indicating the change in payments and/or county court pay history reports for 2006 and 2007

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- Tuition *paid* for elementary or secondary school expenses for dependent children attending school during the 2007-2008 academic year**
  - Billing statement from school listing tuition amounts *to be paid* and balance due for the 2007-2008 academic year
- Natural disaster expenses *paid* (and not covered by insurance) for expenses from *January 1 -December 31, 2007*. Please Submit ALL of the following:**
  - Complete Table A below
  - Explanation of the natural disaster (i.e. flood, earthquake, etc.)
  - Copy of insurance appraisal
  - Proof of expenses *paid* for repairs in 2007 and *not* reimbursed by insurance
  - Police report (if filed)
- Medical/Dental expenses *paid* (not covered by insurance) from *January 1-December 31, 2007***
  - Complete Table A below
  - **DO NOT** include insurance premiums **or** unpaid bills
  - Attach “paid” receipts documenting the medical/dental expenses that you paid in 2007, and were not covered by insurance

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| <b>TABLE A - ITEMIZED EXPENSES PAID</b> |
|---|

Include expenses that were not and will not be reimbursed by insurance using the table below. If you are on a monthly payment plan, show proof of at least two consecutive payments and a letter from the medical facility to project 2007 amount to be paid. **RECEIPTS THAT ARE UNCLEAR WILL NOT BE CONSIDERED.**

| <b>NATURAL DISASTER / MEDICAL / DENTAL EXPENSE TABLE</b><br><b>ITEMIZED EXPENSES PAID</b><br>(AND NOT REIMBURSED BY INSURANCE) |  |                |                                   |   |
|--|--|----------------|-----------------------------------|---|
| NAME OF PROVIDER   | LIST CATEGORY<br>(M=MEDICAL<br>D=DENTAL<br>P=PRESCRIPTION<br>N=NATURAL DISASTER) | TOTAL EXPENSES | AMOUNT TO BE COVERED BY INSURANCE | AMOUNT “NOT REIMBURSED” BY INSURANCE AND PAID BY YOU IN 2007<br><br><b>ATTACH “PAID” RECEIPTS</b> |
|  |  |                |                                   |   |
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|  |  |                |                                   |   |
| Attach additional sheets, if necessary   |  |                | <b>TOTAL:</b>                     |   |

**Loss of employment or reduction in earnings for at least an eight-week period**

**Please Submit ALL of the following:**

- Complete Table B below
- Signed copies of parent 2006 federal tax return with all schedules and W-2's . If this appeal is submitted after *January 31, 2008*, include **signed** copies of 2007 federal tax returns and W-2's
- Statement from your *current* employer on letterhead listing the beginning date of employment, average monthly earnings, a *current* paycheck stub, and projection of 2006 earnings in Table B. *If you are not currently employed, provide a statement to that effect*
- Statement from *previous* employers on letterhead listing last date of employment and average monthly earnings, with the last paycheck stub received
- If applicable, unemployment benefit statement for total benefits received in 2006 and/or 2007
- If unemployment benefits have ceased, provide a cancellation statement from the agency stating the last date benefits were received and the total amount received in 2006. Project the amount of benefits to be received in 2007 in Table B below

**Other circumstances not listed on this form. Please explain and submit documentation.**

**You May Be Required To Submit A Copy Of Your 2007 Federal Tax Return In January 2008**

|                             |
|-----------------------------|
| <b>TABLE B -<br/>INCOME</b> |
|-----------------------------|

**Please list 2006 actual income. List 2007 projected income for January 2007 – December 2007. Include spouse's income, if married.**

| INCOME  | ACTUAL 2006 | PROJECTED 2007 |
|---|-------------|----------------|
| Annual Work Income: Father/Step-father        |             |                |
| Annual Work Income: Mother/Step-mother        |             |                |
| Annual Work Income: Student                   |             |                |
| Draws from Self-employment                    |             |                |
| Withdrawal from Retirement Accounts           |             |                |
| Child Support Received                        |             |                |
| Interest/Dividend Income                      |             |                |
| Social Security Income for all Family Members |             |                |
| Unemployment Compensation                     |             |                |
| Disability Income                             |             |                |
| Financial Aid (Jan. - Dec.)                   |             |                |
| Support from family                           |             |                |
| Other   |             |                |
| <b>TOTAL INCOME</b>                           |             |                |

**Please provide a description of your circumstances and a signature on the following page**

