



KAMEHAMEHA SCHOOLS®

FINANCIAL AID & SCHOLARSHIP SERVICES RECONSIDERATION REQUEST FORM

Parent(s)/Student have the opportunity to request a reconsideration of the application status or decision if an application has been denied, award has been cancelled or reduced, or changes in personal circumstances have occurred.

Process:

1. Complete and submit the reconsideration request form with required supporting documentation (refer to pages 3-4) within 30 calendar days from the date of your KS notification or decision letter. Reconsideration request form submitted with no supporting documentation will **NOT** be processed.
2. A decision notification of your reconsideration request will be mailed in approximately 30 calendar days from the receipt of the reconsideration request form and **ALL** required supporting documents.

Required Applicant Information

Last Name _____		First Name _____		MI _____
Date of Birth ____/____/____		Email Address: _____		
Address _____		Contact phone # (____) ____ - ____		
City _____		State _____	Zip Code _____	
KS Financial Aid Program:	<input type="checkbox"/> Summer School	KS Scholarship Program:	<input type="checkbox"/> Kipona	<input type="checkbox"/> Pauahi Keiki Scholars
	<input type="checkbox"/> KS PK to 12 Grade		<input type="checkbox"/> Nā Ho'okama a Pauahi	

CERTIFICATION: By signing this form, I/we certify that all information provided on this form and supporting documentation submitted are true and complete to the best of my/our knowledge.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Indicate which of the following circumstances best describes your situation and provide a written explanation in the space provided below. Note: Circumstances must have happened within 30 days after the program deadline.

<input type="checkbox"/> 1. Disagree with application status or decision				<input type="checkbox"/> 2. Change in size of the family			
	Student	Spouse	Parent		Student	Spouse	Parent
<input type="checkbox"/> 3. Change in employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4. Change in marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. Loss of assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6. Loss of one-time income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7. Medical/Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8. Death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9. Other special circumstances, please explain: (It may be necessary to explain further on a separate sheet of paper)							
Explanation of Circumstances: (Use this space to provide a written explanation of the circumstances described on this form.)							

Send completed form with the required supporting documentation to:

Kamehameha Schools
 Applicant Services Center
 567 S. King Street, Suite 102
 Honolulu, HI 96813

Any questions, please contact the Applicant Services Center at:

(808) 534-8080 O‘ahu
 Toll Free: 1-800-842-4682 then 2
 Email: finaid@ksbe.edu

Provide supporting documents with Reconsideration Request Form

Reason for Reconsideration	Required Supporting Documentation
<p>1. Disagree with:</p> <p>Application status</p> <ul style="list-style-type: none"> • Late or Incomplete <p>Decision made</p> <ul style="list-style-type: none"> • Ineligible • No Funds 	<p>Copy of documentation to dispute application status or decision made.</p> <p>Incomplete/Late:</p> <ul style="list-style-type: none"> • USPS Service Receipt. <p>Ineligible:</p> <ul style="list-style-type: none"> • Verification of Hawai‘i Residency: Options: <ul style="list-style-type: none"> ○ Tax Filers: <ul style="list-style-type: none"> ▪ Submit signed copy of filed personal 2017 state tax return. ○ Non-Tax Filers: <ul style="list-style-type: none"> ▪ Hawai‘i voter verification. ▪ Residential military release or discharge. ▪ Tuition statement from last public post-secondary institution attended. • Max funding and Unsatisfactory Academic Progress (USAP) <ul style="list-style-type: none"> ○ Request an extension to be ELIGIBLE for an award. Renewal Students - Contact your assigned Post-High Counselor to explain extenuating circumstances and provide supporting documentation. <p>No Funds:</p> <ul style="list-style-type: none"> • Case by case requirements may be requested.
<p>2. Change in size of family</p>	<p>Copy of birth announcement from medical facility or court documents of adoption for added family member.</p>
<p>3. Change in employment status; termination, unemployment, full time to part time status, position change, decrease in salary/wages, disability or retirement.</p>	<ul style="list-style-type: none"> • Copy of last pay stub from former employer in current calendar year for student, spouse, or parent(s); if applicable. • Copy of recent pay stub from current employer for student, spouse, or parent(s); if applicable. • Letter from employer on company stationery on employment status change; reduced hours, termination, retirement, etc. • Disability status. (i.e. medical documentation, letter from vocational rehabilitation, etc.) • Provide verification of type and amount of benefit <ul style="list-style-type: none"> ○ Retirement benefits (including social security) received by all members of family in the current year. ○ Other income. (i.e. unemployment benefits, worker’s compensation, pension amounts, disability, veteran’s benefits, severance pay, etc.)
<p>4. Change in marital status</p>	<ul style="list-style-type: none"> • Copy of marriage certificate, separation agreement or divorce decree. • If no separation agreement or divorce decree, provide a statement indicating date of intended separation/divorce. <ul style="list-style-type: none"> ○ Separation must be with the intent to divorce; couple must reside at different addresses.

	<ul style="list-style-type: none"> ○ Provide amount of monthly financial support payments. (e.g. child support, alimony, etc.) ● Updated list of dependents in current household.
5. Loss of assets	<ul style="list-style-type: none"> ● Copy of documentation on loss of assets. (e.g. letter from the lender or financial institution, financial statements after date of loss, etc.)
6. Loss of one-time income. Capital gains, IRA withdrawals, miscellaneous income, gambling earnings, etc. Disability benefits	<ul style="list-style-type: none"> ● Identify source and amount of income. Written statement with detail explanation and itemize list of “how the money was spent.” ● Documentation of IRA rollover, if applicable. ● Documentation from agency verifying date and amount of benefits terminated and amount received (if any) in the current year for all family members. ● Copy of disability benefits termination letter disclosing effective date and amount received (if any) in the current year.
7. Medical/dental (non-cosmetic only) expenses not covered by insurance.	<ul style="list-style-type: none"> ● Copy of the most current medical/dental bill statement showing Amounts paid and outstanding.
8. Death of family member	<ul style="list-style-type: none"> ● Copy of the death certificate and documentation regarding any anticipated insurance and/or untaxed income for the current year.
9. Other	Case by case requirements may be requested. Supporting documentation is required.