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 this 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 Forms submitted without 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:
- ☐ Summer School
- ☐ KS PK to 12 Grade

KS Scholarship Program:
- ☐ Kipona
- ☐ Pauahi Keiki Scholars
- ☐ KS College Scholarships

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; provide a written explanation in the space below. Note: Circumstance changes must have happened within 30 days after the program deadline.

☐ 1. Disagree with application status or decision				☐ 2. Change in size of the family			
	Student	Spouse	Parent		Student	Spouse	Parent
☐ 3. Change in employment status	☐	☐	☐	☐ 4. Change in marital status	☐	☐	☐
☐ 5. Loss of assets	☐	☐	☐	☐ 6. Loss of one-time income	☐	☐	☐
☐ 7. Medical/Dental Expenses	☐	☐	☐	☐ 8. Death of family member	☐	☐	☐
☐ 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:

Email: ksrc@ksbe.edu

(808) 534-8080 O‘ahu
Toll Free: 1-800-842-4682 then 2

Kamehameha Schools
Oahu Resource Center
567 S. King Street, Suite 102
Honolulu, HI 96813

Any questions, please contact a KS Resource Center

Provide supporting documents with Reconsideration Request Form

Reason for Reconsideration	**Required Supporting Documentation**
1. Disagree with: Application status • Late or Incomplete Decision made • Ineligible • No Funds	Copy of documentation to dispute application status or decision made. Incomplete/Late: • USPS Service Receipt • Time Stamp from CSS Profile or KS Net Partners or Email Ineligible: • Verification of Hawai‘i Residency: Options: o Tax Filers: ▪ Submit signed copy of filed personal 2020 state tax return. o Non-Tax Filers: ▪ Hawai‘i voter verification. ▪ Residential military release or discharge. ▪ Tuition statement from last public post-secondary institution attended. • Max Funding o Request an extension to be ELIGIBLE for an award by emailing the KS Resource Center - ksrc@ksbe.edu o Additional documents may be required case-by-case No Funds: • Email the KS Resource Center - **ksrc@ksbe.edu** o Additional documents may be required case-by-case
2. Change in size of family Marriage/divorce see #4, For death see # 8	Copy of birth announcement from medical facility or court documents of adoption for added family member.
3. Change in employment status; termination, unemployment, full time to part time status, position change, decrease in salary/wages, disability or retirement.	• 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 o Retirement benefits (including social security) received by all members of family in the current year. o Other income. (i.e. unemployment benefits, worker’s compensation, pension amounts, disability, veteran’s benefits, severance pay, etc.)
4. Change in marital status	• 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. o Separation must be with the intent to divorce; couple must reside at different addresses. continued

	○ Provide amount of monthly financial support payments. (e.g. child support, alimony, etc.) • Updated list of dependents in current household.
5. Loss of assets	• 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	• 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.	• Copy of the most current medical/dental bill statement showing Amounts **paid** and outstanding.
8. Death of family member	• Copy of the Death Certificate & documentation regarding any anticipated insurance and/or untaxed income for the current • year.
9. Other	Email KSRC - **ksrc@ksbe.edu** for assistance. Supporting documentation may be required on a case-by-case basis.