2017-2018 STUDENT CONTRIBUTION REVIEW FORM

STUDENT NAME (PRINT CLEARLY)	CWID NUMBER	EMAIL ADDRESS	@mymail.mines.edu				
SPOUSE NAME	PHONE						
Deadline: March 1, 2018							

- Medical/Dental expenses paid between January 1-December 31, 2017. Do not include expenses covered by insurance or insurance premiums. Total paid must exceed \$3,000.00
 - Student (and spouse, if filed separately) 2015 IRS tax return transcript. If either did not file, please complete the appropriate Non-Filer form and submit with 2015 W-2s and tax filing status letter from the IRS.
 - Household Member form listing members of your household as of today.
 - Complete the table below; you may attach a spreadsheet if you need additional space.
 - Attach paid receipts documenting the medical/dental expenses that you paid in 2017 and were not covered by insurance. Do not include insurance premiums or unpaid bills.
- □ Natural disaster expenses paid between *January 1-December 31, 2017*. Do not include expenses covered by insurance or other agencies.
 - Student (and spouse, if filed separately) 2015 IRS tax return transcript. If either did not file, please complete the appropriate Non-Filer form and submit with 2015 W-2s and tax filing status letter from the IRS.
 - Household Member form listing members of your household as of today.
 - Complete the table below; you may attach a spreadsheet if you need additional space
 - Explanation of the natural disaster (i.e. flood, earthquake, etc.)
 - Copy of insurance appraisal and police report (if filed)
 - Proof of expenses paid for repairs in 2017 and not reimbursed by insurance

The Financial Aid Office must verify the original 2015 tax information before updating your FAFSA to your 2017 information. All documentation must be provided before your review request will be processed. If you have other extenuating circumstances we should consider, please contact our office for additional information.

Receipt Number	Provider Name	Total Expenses	Amount Covered by Insurance	Amount Paid in 2017
1				
2				
3				

I certify that the information provided is true and that false or misleading information will be cause for repayment of financial aid funds received. Due to limited funding, approval of a Contribution Review does not guarantee that additional funds will be awarded.

STUDENT SIGNATURE DATE