2009-2010 MASSGrant PROGRAM ADJUSTMENT FORM

A CHANGE IS BEING MADE FOR THE FOLLOWING REASON(S):

_________ Change to Dependency Status  ___________ File Verification
_________ NIL Application Not Accepted  ___________ Professional Judgment
_________ Reinstatement Award: Fall _______ Spring _______
_________ Change Enrollment Status Full-Time Fall _______ Full Time Spring _______
_________ Reinstatement Pending Award Fall _______ Spring _______

COMPLETE THIS FORM AND RETURN IT TO: Office of Student Financial Assistance
454 Broadway, Suite 200, Revere, MA  02151
Telephone: 617-727-9420 Fax: 617-727-0667

Institution's Name: __________________________________ OE Code: _______________________
Student’s Name: __________________________________________           SS#: ___________________________
(Last) (First) (MI)

Both the EFC and the Dependency status Must be reported or this form will be Returned to your institution.
A reported change in EFC must be supported by revised data element information in Section I.

Original EFC: _________  Revised EFC: __________  Semester(s) Enrolled:  Fall ____  Spring ____

Dependency status: Dependent (D): _____ Independent (I): _____ Household Size: _____ Number in College: _____

I.  ONLY REPORT ITEMS WHICH REQUIRE A CHANGE.

A.G.I (Parent): ______________________  A.G.I (Student/Spouse): ______________________
Taxes Paid (Parent): __________________  Taxes Paid (Student/Spouse): __________________
Worksheet A (Parent): ________________  Worksheet A (Student/Spouse): ________________
Worksheet B (Parent): ________________  Worksheet B (Student/Spouse): ________________
Worksheet C (Parent): ________________  Worksheet C (Student/Spouse): ________________

II.  DRUG-RELATED CONVICTION - QUESTION #23, 2009-2010 FAFSA
(    ) The student, for whom this form is being submitted, has resolved all matters concerning question
#23 of the 2009-2010 FAFSA and is now eligible for Title IV financial aid during the academic
year 2009-2010.

III.  CITIZENSHIP STATUS
(    ) The student for whom this form is being submitted has resolved all matters concerning his/her
citizenship status and is now eligible to receive Title IV aid during the academic year 2009-2010.

IV.  USE THIS SECTION BELOW TO CHANGE ANY FIELD(S) NOT LISTED ABOVE:

Field Name: Changed From: To:
_________________________ ______________________   __________________________
_________________________ ______________________   __________________________
_________________________ ______________________   __________________________
_________________________ ______________________   __________________________

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APPROVED BY:

Signature of Financial Aid Officer         Title          Date

Telephone#: (___)_________________________ Fax#: (___)_________________________