



Student Name \_\_\_\_\_ Date \_\_\_\_\_

Banner ID \_\_\_\_\_ Year of Graduation \_\_\_\_\_

If you believe there are special circumstances that were not considered during your initial financial aid review or can now document a significant change in your family's financial circumstances, please complete this appeal form. Federal regulations and institutional policies require that exceptions fall within certain parameters and are accompanied with supporting documentation. This form is designed to assist you in providing information critical to the review of your appeal.

The appeal decision will be based on the individual circumstances as detailed in this form and the quality of additional documentation provided. **Submission of an appeal neither guarantees an adjustment to a student's award nor prevents the accrual of late fees on any unpaid student account balances.**

**SECTION I: REASON FOR SPECIAL CONDITION REQUEST** *(please check all that apply and follow the instructions)*

*Please note, high credit card debt, car payments, wedding expenses, vacations or other discretionary expenses cannot be considered.*

- A DEATH OF PARENT OR SPOUSE-** Since filing the FAFSA, a parent or spouse has passed away. Document the change with the following information:
  - In Section II, please describe any pending or finalized changes in assets (including life insurance benefits received)
  - Provide information about income (social security benefits, pension and retirement monies received) resulting from this event. *(If unknown at this time, please indicate so we may follow up at a later date)*
  - Complete sections III and IV
  
- B LOSS OF WAGES OR EMPLOYMENT-** Involuntary loss of employment must be for a period of more than 10 weeks and/or an expected loss of income of at least 20% from 2008 compared to 2009 before this form can be submitted. Document the change with the following information:
  - Last pay stub from former position
  - Most recent pay stub showing new or changed salary
  - Statement of any unemployment or severance benefits received and/or expected
  - If parents are married, the most recent pay stub of other parent is also required
  - Complete Sections II, III, IV and V
  - *Please note, a loss of overtime earnings or bonus income cannot be considered*
  
- C DIVORCE OR SEPARATION-** Since filing the Free Application for Federal Student Aid (FAFSA), you/your parent has become divorced or separated. Document the change with the following information:
  - In Section II, explain when divorce or separation occurred and explain who the child is going to be living with. If joint custody who is the child living with more (you must pick one custodial parent)
  - Provide details on how marital assets (including cash, home, other real estate, business, etc.) are being divided between parents
  - Provide statement about child support or alimony expected to be paid or received and to whom
  - Complete sections III and IV

- ❑ D ONE-TIME INCOME** - In 2008 your income was inflated by a one-time occurrence such as a capital gain, pension/IRA distribution, retroactive pay, etc. Provide the following information as proof:
- In Section II, attach a detailed explanation of the one-time income
  - Provide documentation or statement indicating the one-time income will not be repeated
  - Provide statement from the source of the one-time income showing total dollar figure received in 2008
  - Complete sections III and IV
- ❑ E UNUSUALLY HIGH MEDICAL AND/OR DENTAL EXPENSES-** You have incurred medical or dental expenses that are not covered by any of your health insurance plans. Document the change with the following information:
- In Section II, attach a detailed explanation of the reported expenses and include documentation such as receipts, insurance records, your doctor's records or estimates
  - Write the amount paid out-of-pocket incurred in and expected to be paid in 2008 and/or 2009 for medical and dental expenses, including insurance premiums. Do not include expenses that are or will be reimbursed by insurance
  - Complete sections III and IV
  - *Please note, if your only out of pocket medical or dental expenses are related to orthodontics (i.e. braces) it will not be considered*
- ❑ F LOSS OF UNTAXED INCOME OR BENEFIT-** A member of your family has lost some type of untaxed income or benefits (include social security benefits, child support, etc.). Document the change with the following information:
- Please provide the letter from the agency who is ending the benefit or a statement from you indicating how much was received in 2008/2009 and when the benefit ceased
  - Complete sections II, III and IV
- ❑ G HOME REPAIR EXPENSES** – You have incurred home damage and subsequent repairs due to a natural disaster such as a flood, fire, tornado, etc. Provide the following information as proof:
- In Section II, attach a detailed explanation of the extent of the damage and when it occurred
  - Provide information about any insurance payments received related to the home damage
  - *Please note remodeling, additions, or general maintenance will not be considered*
  - Complete sections III and IV
- ❑ H CHILD AND DEPENDENT CARE EXPENSES-** You have incurred expenses for a child or parent directly in your care. Provide the following information as proof:
- In Section II, attach a detailed explanation of the total expenses incurred for 2008 and 2009
  - Submit IRS form 2441 or cancelled checks as proof of expense for 2008 and 2009
  - Complete sections III and IV
- ❑ I SECONDARY SCHOOL TUITION** - You have incurred costs related to secondary school tuition for another sibling who has a disability and requires special schooling or tutoring. Provide the following information as proof:
- Provide a letter from a third party that documents the medical and/or learning disability of the child requiring special schooling
  - Provide cancelled checks as proof of tuition expense for 2008 and 2009
  - *Please note private high school or elementary tuition costs incurred and paid for other siblings cannot be considered unless documentation is provided that it was medically necessary and critical to their educational success.*
  - Complete sections II, III and IV

**J SECONDARY DOMICILE** – Your parents are not separated or divorced but incurred extra household costs since they live at separate domiciles due to the nature of one of the parent’s primary employment. Provide the following information as proof:

- In Section II, attach a detailed explanation of why you are maintaining two domiciles.
- Provide receipts for all expenses paid in 2008 or 2009 directly related to the second domicile. Be sure to include information about rent and utilities bills.
- Complete sections II, III and IV

**SECTION II: EXPLANATION OF SPECIAL CIRCUMSTANCES** *(This section must be completed)*

Please attach a separate letter that includes additional details describing the basis for your appeal request. Be sure to include all relevant information (i.e. dates circumstances occurred, your best estimates to costs and figures being asked of you) and any other information you feel would allow you to explain the circumstances fully. Please provide any additional supporting documentation, even if it was not specifically asked for on this form, if you feel it would strengthen your appeal.

**SECTION III: 2008 FEDERAL TAX INFORMATION** *(This section must be completed)*

In addition to completing this appeal form, you must also submit a copy of your finalized 2008 Federal Tax return, including W2 statements and all schedules, for both parent and student. If a parent and/or student were not required to file a 2008 Federal Tax return or have already submitted them, please check the appropriate box(s) below:

- Federal Income Tax Forms are attached for parent(s)
- Federal Income Tax Forms are attached for student
- Federal Income Tax Forms were already submitted to the Office of Financial Aid
- Federal Income Tax Forms will not be submitted due to the following reason(s) noted below
  - The student was not required to file a 2008 Federal Tax Return.
  - The mother/stepmother was not required to file a 2008 Federal Tax Return
  - The father/stepfather was not required to file a 2008 Federal Tax Return

**SECTION IV: CERTIFICATION** *(This section must be completed)*

**By signing below,**

1. We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge.
2. We acknowledge that submission of an appeal does not guarantee an adjustment to the student’s award.
3. We recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances.
4. We will make arrangements to pay our bill on time and not wait for the outcome of our appeal on file.
5. We understand that if any of our projections change, we will immediately notify the Office of Financial Aid in writing.
6. We will return all required documents as requested on this form to the address listed on the first page of this form.
7. We understand that all incoming freshman appeals will be responded to after the May I deposit deadline, a majority of returning student appeals received by July 31 will be responded to at the end of August and a majority of returning student appeals received by November 30 will be responded to at the end of December. Students will be notified, in writing, of the appeal decision.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

**SECTION V: 2009 ESTIMATED INCOME** *(please complete only if you were instructed to do so in Section A)*

Awards for the 2009-2010 academic year are based on the 2008 income information. If your household resources for 2009 will be significantly different than in 2008, financial aid eligibility **may** be reevaluated using your estimates. Any adjustment to your award on this basis **may** be tentative, until all documentation of actual 2009 income has been received. Estimates provided herein should be as accurate as possible in order to avoid later adjustments to your aid package. **ENTER "0" or "N/A" WHERE APPROPRIATE - DO NOT LEAVE ANY ITEM BLANK.**

<b>TAXABLE INCOME</b>	<b>Actual Income</b> (Jan 2009- present)	<b>Estimated Income</b> (Present-Dec 2009)	<b>Total Income</b> (Add actual and estimated income)
Wages, salaries, compensation from jobs (Provide <b>Gross</b> Amounts)	XXXX	XXXX	XXXX
Father/Stepfather			
Mother/Stepmother			
Interest and Dividend Income			
Net income/loss from business <i>(reported on Schedule C, E or F)</i>			
Severance Pay			
Capital gain/loss <i>(reported on Schedule D)</i>			
Rental income/loss <i>(reported on Schedule E)</i>			
Taxable portions of Social Security			
Taxable portions of pension/annuity withdrawals			
Income from royalties, partnerships, estates, trusts			
Alimony <b>received</b>			
Unemployment compensation			
Other taxable income			
<b>UNTAXED INCOME</b>			
Social Security/SSI benefits			
Welfare benefits, including AFDC and ADC			
Child support <b>received</b>			
Voluntary contributions to retirement plans <i>(ic. 401(k), 403(b))</i>			
Veteran's benefits			
Housing Allowance <i>(military and clergy)</i>			
Other Untaxed Income <i>(not listed above)</i>			