

FINANCIAL AID APPEAL 2011-2012

Dependent Student

Name _____ Soc. Sec. No: _____

You have indicated you wish to appeal for additional financial aid for the 2011-2012 academic year based upon unusual circumstances.

Before the Financial Aid Office can review your special circumstance, you must have previously filed a 2011-2012 Free Application for Federal Student Aid (FAFSA). Information reported on your FAFSA will not be revised if your income reduction is not significant, appears inconsistent, or seems inadequate to support your family size. Expenses for consumer goods and lifestyle choices will not be supported with additional financial aid resources. Submission of your appeal does not guarantee approval. Incomplete appeals will be returned.

Examples of unusual circumstances include:

- ◆ Tuition expenses at an elementary or secondary school
- ◆ Unusual medical or dental expenses not covered by insurance
- ◆ A family member who recently became unemployed
- ◆ Adult care costs
- ◆ Unusual debts
- ◆ Income reduction or nonrecurring income

Complete the section that pertains to your family's situation. Return this completed form to the Financial Aid Office with the documentation specified.

Unusual Medical/Dental Expenses

Complete this section if your parents had medical or dental expenses in excess of 10% of their Adjusted Gross Income.

1. How much did you or your parents pay for medical/dental insurance in 2010? _____
2. How much will you or your parents pay for medical/dental expenses not covered by insurance in 2010? _____

Documentation:

If you or your parents itemized medical/dental expenses, a signed copy of the 2010 federal income tax return with Schedule A.
If you or your parents did not itemize medical/dental expenses, provide receipts of medical and dental payments made in 2010.

Elementary/Secondary Education and Adult Care Expenses for Household Members

Complete this section if your parents had elementary/secondary education expenses for your siblings or adult care expenses in 2010 and will have these expenses in 2011. Also, if a parent will be enrolled in a degree program at least half-time in 2011-12, indicate college expenses for the parent.

Provide the following information for each family member who was included as a member of your household on your 2011-12 FAFSA application and is receiving or received such support:

Name of family member _____ Age ___ Relationship to student _____
Adult care expense for 2010\$ _____ 2011 \$ _____ Education exp. for 2010\$ _____ 2011 \$ _____
Name of family member _____ Age ___ Relationship to student _____
Adult care expense for 2010\$ _____ 2011 \$ _____ Education exp. for 2010\$ _____ 2011 \$ _____

Documentation:

2010 signed federal income tax return (to verify dependents); receipts for tuition payments, signed itemized receipts for adult care.

(OVER)

Unusual Debts

Complete this section if your parents have unusual debts or loans for which they are currently making monthly payments. (Including legal fees for divorce, adoption)

Type or cause of debt: _____

Owed by whom? _____

Amount of original debt \$ _____ Date incurred (month/year) _____

Balance owned on debt \$ _____ Date payments began _____ Date payments end _____

Monthly payment \$ _____ Total amount paid in 2010 \$ _____ Total amount to be paid in 2011 \$ _____

Documentation:

Receipts or payment summary from person, company, or agency to whom or which money is owed.

Income Reduction or Nonrecurring Income

Complete this section if you or your parents will have income that is significantly less in 2011 than in 2010.

Check the appropriate reason below and explain, giving the date of the change in your situation:

- (a) Unemployment or change in employment
- (b) Divorce/separation
- (c) Death of parent
- (d) Disability of student or parent
- (e) One-time income (e.g., inheritance, moving expense allowance, back-year social security payments, IRA, etc.)

Date of occurrence: _____

3. If 2(e) is checked, identify the source of income, the amount, and how the funds were spent or invested: _____

4. If 2(a), (b), (c), or (d) is checked, provide the following projected information for 2011:

Wages, salaries, tips (including severance pay, disability payments, and any income from work) \$ _____

Other taxable income \$ _____

Untaxed social security benefits \$ _____

Aid to Families with Dependent Children (AFDC) \$ _____

Child support to be received \$ _____

Other untaxed income \$ _____

TOTAL anticipated income for 2011 \$ _____

Documentation:

For estimated income: signed statements documenting estimated earnings; alimony or child support designated in divorce agreements; unemployment compensation and job training benefits; disability and social security benefits received. For nonrecurring income: 2010 signed federal income tax return showing itemized deductions; moving expenses, capital gains/losses, etc). For item 2(a), documentation of the last day worked.

CERTIFICATION

To the best of my knowledge, the information provided on this form is true. I/We understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. If additional changes occur during the 2011-2012 academic year that would alter the information provided on this form, I/We will immediately contact the Financial Aid Office.

Student's Signature _____ Date _____

Mother/Stepmother's Signature _____ Date _____

Father/Stepfather's Signature _____ Date _____