

**COLLEGE OF VISUAL ARTS
FINANCIAL AID APPEAL 2010-2011
Independent Student**

Name _____ Soc. Sec. No: _____

You have indicated you wish to appeal for additional financial aid for the 2010-2011 academic year based upon unusual circumstances.

Before the Financial Aid Office can review your special circumstance, you must have previously filed a 2010-2011 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
- ◆ Unemployment of student or spouse
- ◆ 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 or your spouse had medical or dental expenses in excess of 10% of your Adjusted Gross Income.

1. How much did you or your spouse pay for medical/dental insurance in 2009? _____
2. How much will you or your spouse pay for medical/dental expenses not covered by insurance in 2010? _____

Documentation:

If you or your spouse itemized medical/dental expenses, a signed copy of the 2009 federal income tax return with Schedule A. If you or your spouse did not itemize medical/dental expenses, provide receipts of medical and dental payments made in 2009.

Elementary/Secondary Education and Adult Care Expenses for Household Members

Complete this section if you or your spouse had elementary/secondary education expenses or adult care expenses in 2009 and will have these expenses in 2010.

Provide the following information for each family member who was included as a member of your household on your 2010-2011 FAFSA application and is receiving or received such support:

Name of family member _____ Age ___ Relationship to student _____
Adult care expense for 2009\$ _____ 2010 \$ _____ Elem/Secondary exp. for 2009\$ _____ 2010 \$ _____
Name of family member _____ Age ___ Relationship to student _____
Adult care expense for 2009\$ _____ 2010 \$ _____ Elem/Secondary exp. for 2009\$ _____ 2010 \$ _____

Documentation:

2009 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 2009 \$ _____ Total amount to be paid in 2010 \$ _____

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 spouse will have income that is significantly less in 2010 than in 2009.

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 spouse
- (d) Disability of student or spouse
- (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 2010:

. If 2(a), (b), (c), or (d) is checked, provide the following projected information for 2010:

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 2010	\$ _____

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: 2009 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 2010-2011 academic year that would alter the information provided on this form, I/We will immediately contact the Financial Aid Office.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____