

2007-2008 FINANCIAL AID APPEAL

You may appeal your financial aid award based on significant and/or unforeseen changes in circumstances that affect your ability to cover your college costs. We will review your appeal and supporting documentation to determine if adjustments should be made. You will be contacted if we need additional documentation/information. You will be notified in writing about the outcome of your appeal and any adjustments to your financial aid award.

Please Complete:

Student's Name	Student ID #
Email Address	Home Telephone #
Social Security #	Local Telephone #

Please check the box that best describes your present circumstance:

- ⊖ **Loss of Income-** If you have lost your job or your income has decreased, you must estimate your 2007 income, using the chart below. Supporting documentation must be included with this form, i.e. Termination Letter, Unemployment Determination Letter, etc., or you will not be considered for the appeal. PLEASE NOTE THAT IF YOUR SITUATION CHANGES AND YOUR ESTIMATE IS NO LONGER ACCURATE, YOU MUST CONTACT THE OFFICE OF STUDENT FINANCIAL ASSISTANCE IMMEDIATELY. We can request copies of your 2007 federal tax returns to verify that your estimations were fairly accurate.

Please complete the worksheet below using a projection of 2007 income:

Parent	Projected 2007 Federal Income	Student
IRS 1040, IRS 1040A, IRS 1040EZ IRS Telefile, or Not Filing	Please circle one of the 2007 tax statuses that you anticipate.	IRS 1040, IRS 1040A, IRS 1040EZ IRS Telefile, or Not Filing
\$	What will be your estimated adjusted gross income for 2007? Don't forget to include unemployment earnings, severance pay, and any other taxed income not listed.	\$
\$	What will be your estimated income from work in 2007?	\$
\$	What amount of Welfare (TANF), or Social Security Benefits (SSI) do you anticipate receiving?	\$
\$	What amount of untaxed income not reported on your 2007 tax form do you anticipate receiving? Ex: tax-deferred pension, IRA, child support, cash received, and other untaxed income not listed here.	\$

- ⊖ **Medical Expenses-** If you have paid medical expenses that are not covered by insurance, please provide copies of all bills and payment receipts. All documentation must be submitted in order for us to review your appeal.
- ⊖ **Death, Separation, or Divorce-** Documents that are required for this type of appeal are copies of Separation Agreements or proof of separate address, Divorce Agreements, or Death Certificates. Also, if a joint 2006 tax return was filed, all W-2s showing a break down of income must be submitted. Should you not submit sufficient documentation, we will be unable to process your appeal.

- ⊖ **Other circumstances not mentioned-** If the options above on this worksheet do NOT describe your situation, please explain your circumstances on the next page. Keep in mind that documentation supporting your situation is required. Should you not submit sufficient documentation, we will be unable to process your appeal.

DO NOT LEAVE BELOW BLANK

Financial Aid Appeals are reviewed on a case-by-case basis. Therefore, the more that we know about your current situation, the better we can determine your needs. Please describe your situation below. If you leave this area blank, we will be unable to review your application. Please remember to attach some sort of supporting documentation.

Should you need more space, please attach a separate letter.

IMPORTANT: If you were not selected for verification this year and have not submitted verification documents, you must complete a Verification Worksheet and submit your (and spouse, if you are married) and parent (for dependent students) 2006 Federal Income Tax. PLEASE note that your Financial Aid Appeal will not be reviewed unless we have all verification documentation.

I attest that this information is true and correct to the best of my knowledge. Please sign below or we will be unable to process this appeal. If you are a dependent student, you and one of your parent's signature is required.

Student Signature

Date

Parent Signature

Date

Office of Student Financial Assistance Use Only

Counselor reviewing application _____ Date _____

Was the appeal approved? (Circle one) YES NO Date Family Notified _____

Indicate below why appeal was not approved.

