



Office of Student Financial Services
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FINANCIAL AID APPEAL REQUEST 2015-2016 Academic Year

Name: _____ Soc. Sec. # _____

If you (and your family) have circumstances that were not addressed on the Free Application for Federal Student Aid (FAFSA) or if circumstances have changed since the 2014 calendar year, you may be eligible for revisions to your application.

Check below the circumstance(s) that you (and your family) wish to appeal:

- Unexpected/Unplanned loss of income from 2014 to 2015 (complete Section A)
- Unusual Medical/Dental expenses not covered by insurance (complete Section B)
- In case of recent divorce or separation (complete Section C)

PLEASE READ THE FOLLOWING CAREFULLY

1. If an appeal is filed, the reason must be thoroughly documented. **Incomplete or undocumented appeals will be denied.**
2. Only those appeal reasons aforementioned will be considered.
3. Students may file only one appeal in an academic year.
4. If not already selected by the Department of Education, all appeals will be selected for verification.
5. Once the Financial Aid Appeals Committee reviews your appeal, you will be notified of the outcome via written correspondence.
6. A successful appeal may result in increased eligibility for Pell Grant, Mass Grant and/or additional loan funds.
7. The decision of the Financial Aid Appeals Committee is final.

COMPLETE THE FOLLOWING SECTION(S) APPROPRIATE TO YOUR APPEAL

<i>Section A</i>		
Anticipated Income January 2015 to December 2015	STUDENT/ SPOUSE	PARENT(S)
Wages, salaries, tips		
Other taxable income		
Taxed Social Security benefits		
Child Support Received		
Other untaxed income		
TOTAL 2015 ANTICIPATED INCOME		

To have this appeal considered, attach a signed letter from student/parent explaining reason(s) for the reduction in income. In addition, the student and spouse, if applicable, and parent(s) if applicable **must attach** copies of all pages of prior year federal income tax return transcripts, current year-to-date earnings statement, and if applicable, layoff/termination notice, and statement of unemployment benefits.

<i>Section B</i>		
Unusual Medical/Dental Expenses NOT covered by Insurance	STUDENT/ SPOUSE	PARENT(S)
Total dollar amount of medical/dental expenses incurred and paid during the 2014-2015 Academic Year. (Include only the amount not covered by insurance)		

To have this appeal considered, attach a signed letter from student/parent explaining the situation. In addition, the student and spouse, if applicable, and parent(s) if applicable **must attach** copies of all pages of prior year federal income tax transcripts, receipts of medical and/or dental payments, and cancelled checks (photocopied front and back) for medical and/or dental expenses paid.

Section C

If dependent, please provide a copy of the 2014 federal IRS tax return transcript of the parent with whom the student lives and verification that the student's parents are living at separate addresses. Proof consists of utility bills, lease or mortgage documents, and tax transcripts.

If the student is independent and filed either married or married filing separately, send proof of separate addresses for both the student and his or her spouse. Proof consists of utility bills, lease or mortgage documents, and tax transcripts with different addresses for each party.

Documentation Check List

- Letter of explanation regarding circumstances of appeal
- Student/Spouse's 2014 Federal tax return transcript and W-2(s)
- Parent's 2014 Federal tax return transcript and W-2(s) (if student is dependent)
- V1 Standard Verification Worksheet
- Documentation of claim (as appropriate, see paragraph under each section)
- Utility Bills/Lease or Mortgage Documents
- Financial Aid Appeal Request (this form)

STUDENT/PARENT CERTIFICATION

Warning: If you purposely provide false or misleading information on this form, you may be subject to fine, imprisonment, or both.

By signing this form, I (We) certify that all the information reported is complete and correct.

Student's Signature/Date

Spouse's Signature/Date

Parent's Signature/Date

Please mail or bring Appeal Packet to the Student Financial Services office

FOR OFFICE OF STUDENT FINANCIAL ASSISTANCE USE ONLY:

- Verification complete
- APPEAL APPROVED
- Used 2014 income for needs analysis
- New Award Letter sent

- APPEAL DENIED

Reason for denial:

Signature, Financial Aid Counselor

Date

COUNSELOR'S NOTES: