

# Brandeis University

## 2016-2017 Financial Aid Appeal Guidelines and Worksheet

### Instructions

Your eligibility for need-based financial aid has been determined according to federal regulations and university policies governing financial aid programs. Using the information that you provided on the FAFSA, CSS/Financial Aid PROFILE, student and parent tax returns and/or other supporting documentation, we have calculated your Expected Family Contribution (EFC) and awarded financial aid appropriately. We recognize that a family's income is not always consistent and that financial situations change throughout the academic year due to unforeseen circumstances.

You may request a review of your financial aid package at any time due to significant changes in your family's circumstances that affect your ability to contribute to college costs by completing this Financial Aid Appeal Worksheet and submitting the required documentation. Please complete all sections of this form as accurately as possible. If you have not already submitted a 2016-2017 FAFSA, 2016-2017 CSS/Financial Aid PROFILE, complete copies of the student's and parents' 2015 Federal Tax Returns and a 2016-2017 Verification Worksheet, if required, you must do so now. Again, information presented in this appeal should be new information or information that has changed significantly from your initial application. We cannot consider appeals based on credit card debt, car or mortgage payments, wedding/celebration expenses, private school costs, vacations or other discretionary expenses.

Once the Student Financial Services Appeals Committee reviews the submitted documentation and determines if the student qualifies for additional aid, we will notify the student by mail. **In order to complete initial reviews for returning students, please note that appeals will not be addressed until after July 6<sup>th</sup>.** Response time will vary based on our volume of appeals at the time you submit your request. However, you can expect a status update within 5 – 10 business days. Additional aid will be considered for students on a funds available basis when the calculations result in higher financial need. Please note, additional scholarship funds will only be offered if a student has taken advantage of all other sources of need-based financial aid (e.g., federal and state grants, subsidized and unsubsidized federal loans, etc.).

If you have any questions, please contact our office at 781-736-3700 or [sfs@brandeis.edu](mailto:sfs@brandeis.edu).

The completed Financial Aid Appeal Worksheet and all required supporting documentation should be submitted to:

Office of Student Financial Services  
Brandeis University  
MS 027, 415 South Street  
Waltham, MA 02454-9130  
FAX: 781-736-3719  
EMAIL: [sfs@brandeis.edu](mailto:sfs@brandeis.edu)



## Part II. Projected 2016 Income

Actual income will be verified in January 2017. If changes were made to your financial aid based on your projections and the actual figures are higher, we will adjust your aid accordingly and you may be required to repay financial aid received.

- Complete this section if you are appealing based on a loss of employment or any other income-related change.
- Provide information for all income categories and for both parents in the household, not just the income elements that have changed. Enter "0" if no income of a certain type is expected.
- Attach documentation for your figures (i.e. most recent paystubs for both parents, severance benefits letter, unemployment benefits statement, etc.)

<u>Estimated 2016 Taxable Income</u>	Documentation Included (Check box)	Estimated 2016 Income (1/1/2016 to 12/31/2016)	Office Use Only: Total '16/Verified Income
1. Parent 1's 2016 work income	<input type="checkbox"/>	\$ _____	\$ _____
2. Parent 2's 2016 work income	<input type="checkbox"/>	\$ _____	\$ _____
3. Severance compensation	<input type="checkbox"/>	\$ _____	\$ _____
4. Unemployment compensation	<input type="checkbox"/>	\$ _____	\$ _____
5. Interest and dividend income	<input type="checkbox"/>	\$ _____	\$ _____
6. Business or real estate income/loss	<input type="checkbox"/>	\$ _____	\$ _____
7. Taxable IRA/pension/annuity distribution	<input type="checkbox"/>	\$ _____	\$ _____
8. Other taxable income (i.e. state tax refunds, alimony, capital gain, taxable social security, etc.)	<input type="checkbox"/>	\$ _____	\$ _____
Total Taxable Income (1 through 8 above)		\$ _____	\$ _____

<u>Estimated 2016 Untaxed Income</u>	Documentation Included (Check box)	Amount	Documentation Included (Check box)	Amount	
Untaxed Social Security Benefits	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	Earned Income Credit	\$ _____
Child Support Received	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	AFDC/ADC or TANF	\$ _____
Untaxed Pension Distributions	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	Cash/Gifts Paid on your Behalf	\$ _____
Payments to IRA/401K/Other Retirement Plans	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	Worker's Compensation	\$ _____
Tax Exempt Interest Income	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	Other Untaxed Income	\$ _____
Education Tax Credits	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	(Specify Below)	\$ _____

## Part III. Certification

The information provided on this form is accurate and complete to the best of our knowledge. We have already provided or will provide our signed complete 2015 federal tax returns, including all schedules, W-2s and business returns if applicable. We understand that completing this form does not guarantee financial aid will be increased. We also understand that if financial aid is revised based on this appeal information, we will be required to provide documentation of final 2016 income in January 2017, and our financial aid may be revised and repaid based on actual year-end income. We understand that the student must take advantage of all other sources of need-based financial aid (e.g., federal and state grants, federal subsidized and unsubsidized loans, etc) in order to receive additional University funds. We also agree to notify Student Financial Services if our income changes.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Internal Use Only</b>			
SAGE ID#: _____	Complete:	YES	NO
Missing Items: _____			
Committee Review Date: _____	Results:	_____	
Initials: _____			