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 6th. 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.

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

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Student Name:	Date of Birth:			
Parent(s)' Name(s):	Day Phone Number:			
Parent Email Address:	Parent's Cell Number:			

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 02454-9110 FAX: 781-736-3719; EMAIL: <u>sfs@brandeis.edu</u>

Part Ia. Student Appeal (to be completed by student and then proceed to Part III)

Student's expected income for 2016 is significantly less than 2015. Indicate reason:

List your projected gross work income for each of the following periods and proceed to Part III. Provide most recent paystubs from any employment for the time periods below. *Do not leave any space blank. Enter "0" if you will have no earnings for a particular period.*

6/1/16 to 8/31/16: \$_____ 9/1/16 to 12/31/16: \$_____ 1/1/17 to 5/31/17: \$_____

Part Ib. Parent Appeal (to be completed by parent and then proceed to Part II)

Check the box(es) that best describes your situation and provide copies of the documentation indicated. Be sure to complete both pages of this form accurately. Incomplete worksheets will delay the process.

□ Parent is currently unemployed. Unemployed parent is: Father/Stepfather Mother/Stepmother Date employment ended: ______. *Attach letter of termination, documentation of severance and unemployment benefits and most recent paystub for each parent in the household regardless of which parent experienced the income adjustment.*

□ Untaxed income or benefits received have ended (i.e. unemployment, social security benefits, housing allowance, etc.). Date of termination: _____. *Attach documentation from the agency providing the benefits.*

 \Box One-time capital gain or IRA/pension distribution. Please attach a letter explaining the circumstances that resulted in the capital gain/distribution. The letter must indicate that both the circumstances and capital gain/distribution are one-time occurrences, which did not occur in 2014 and will not recur in 2016.

□ Death of a parent. Date: ______. Attach copy of death certificate and documentation of any death benefits received.

 \Box Other. If none of the above categories describe your family's situation, please attach a detailed letter of explanation and provide documentation of the current circumstances.

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 <u>both parents in the household</u>, 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. <u>most recent paystubs for both parents</u>, severance benefits letter, unemployment benefits statement, etc.)

Estimated 2016 Taxable Income	Documentation	Estimated 2016 Income	Office Use Only:	
	Included	(1/1/2016 to 12/31/2016)	Total '16/Verified	Income
	(Check box)	A	<i>A</i>	
1. Parent 1's 2016 work income		\$	\$	
2. Parent 2's 2016 work income		\$	\$	
3. Severance compensation		\$	\$	
4. Unemployment compensation		\$	\$	
5. Interest and dividend income		\$	\$	
6. Business or real estate income/loss		\$	\$	
7. Taxable IRA/pension/annuity distr	ibution	\$	\$	
8. Other taxable income (i.e. state tax				
refunds, alimony, capital gain, taxable		\$	\$	
security, etc.)				
Total Taxable Income (1 though 8		\$	\$	
above)				
,				
Estimated 2016 Untaxed Docum	entation	Documentation		
	uded	Included		
	<u>k b</u> ox)	(Check box)		
Untaxed Social Security Benefits	\$	Earned Ine	come Credit	\$
Child Support Received	\$	AFDC/ADC or TANF		\$
Untaxed Pension Distributions	\$	Cash/Gifts	s Paid on your Behalf	\$
Payments to IRA/401K/Other		Worker's	Compensation	\$
Retirement Plans	\$		•	
Tax Exempt Interest Income	\$	Other Unt	axed Income	\$
Education Tax Credits	\$	(Specify E		\$
			<i>,</i>	

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:
Internal Use Only SAGE ID#: Missing Items:	Complete:	YES	NO	
Committee Review Date: Initials:		Results: _		