

Appeal for Reconsideration Required Documentation for 2010-2011

In order to process your appeal for reconsideration, please submit a completed Appeal for Reconsideration form (see pages 3 and 4) with a thorough explanation of your circumstance. Please review the information below regarding required documentation and determine which situation fits your circumstances. Attach the required information to your appeal form. Including appropriate documentation to verify your circumstance will expedite our review of your appeal.

Keep in mind that changes based on the results of this appeal will only be to your Federal financial aid eligibility, not your institutional eligibility. Typically we do not begin reviewing appeals until August. Students should make admissions and financial aid decisions based on the initial award received.

Loss of Employment in 2010

- ✓ A letter from the former employer on company letterhead detailing employee's termination date, reason for separation and amount of benefits (if available).
- ✓ Copy of year-to-date pay stub to reflect gross earnings for each job in which income was earned in 2010.
- ✓ Unemployment benefit or denial letter from your local department of labor.
- ✓ A completed 2010 Parent (or Student) Estimated Income form and a copy of your 2009 Federal tax return.

Reduced Employment in 2010

- ✓ A letter from employer on company letterhead detailing employee's reduction of income, date reduction began and reason for reduction.
- ✓ Copy of year to date pay stub to reflect gross earnings for each job in which income was earned in 2010.
- ✓ A completed 2010 Parent (or Student) Estimated Income form and a copy of your 2009 Federal tax return.

Loss of Untaxed Income or Benefits in 2010

- ✓ A copy of a letter from the appropriate state or federal agency that specifies the termination date and the amount of the benefits such as Social Security Benefits, Worker Compensation, etc.
- ✓ A print out or a copy of court order that specifies termination date and amount of child support.

Reduced Untaxed Income or Benefits in 2010

- ✓ A copy of a letter from the appropriate state or federal agency that specifies the termination date and the amount of the benefits such as Social Security Benefits, Worker Compensation, etc.
- ✓ A print out or a copy of court order that specifies termination date and amount of child support.

Divorce or Separation after filing the FAFSA (Free Application for Federal Student Aid)

- ✓ A copy of the divorce decree or separation agreement (preferably from a lawyer).
- ✓ Documentation of living in separate residences (i.e., utility bills, lease, etc.).
- ✓ A completed 2010 Parent (or Student) Estimated Income form - for dependent student, completed by the custodial parent.
- ✓ A Non-custodial parent form (for dependent student only).

Death of Parent or Spouse after filing the FAFSA (Free Application for Federal Student Aid)

- ✓ A copy of the death certificate or obituary.
- ✓ A completed 2010 Parent (or Student) Estimated Income form
- ✓ A copy of year to date pay stubs to reflect gross earnings received in 2010.
- ✓ A statement regarding value of life insurance payment

Excessive Medical or Dental Expenses in 2009

- ✓ A copy of the 2009 federal tax return with schedule A.
- ✓ Medical or Dental expense document (e.g., medical insurance statements) detailing the expenses not covered by insurance.

Excessive Medical or Dental Expenses in 2010

- ✓ Medical or Dental expense document (e.g. medical insurance statements) detailing the expenses not covered by insurance.
- ✓ A completed 2010 Parent (or Student) Estimated Income form
- ✓ A copy of year to date pay stubs to reflect gross earnings received in 2010.

Expenses for Handicapped Dependent

- ✓ Proof of specific handicap from agency or doctor and documentation of expenses, such as receipts or statement of services.

Child Care for Dependent Children

- ✓ A signed statement on agency letterhead from the childcare provider, stating total cost for a twelve-month period.

Independent and/or Graduate Student in the Household Size/Number in College

- ✓ A College Enrollment Verification form with supporting documentation.
- ✓ A copy of the most recent financial aid award letter from the school that the independent or graduate student is attending (must be for the 2010-2011 academic year).
- ✓ Completed Documentation of Support form with supporting documentation.

Legal Award Received for Long-term Medical Needs

- ✓ A copy of the court document, which indicates that the award was granted as recognition of long-term medical needs or a letter from the representing law firm, explaining the conditions of the legal award.

Dependency Status Override

Students not meeting federal criteria for independent status may request professional judgment to override the requirements. Dependency overrides will only be considered in cases where the student has been estranged from his or her family and can document such.

The unwillingness of a parent to contribute to the student's educational cost or to complete the FAFSA does not warrant a dependency override. In addition, a student living independent of any parental support does not affect the student's dependency status.

- ✓ Verification of 2009 income.
- ✓ Detailed letter explaining student's family circumstances.
- ✓ A detailed letter from a third party source familiar with your family circumstances. The source must be a teacher, minister, lawyer, physician, counselor, social worker or other professional who is willing to verify your circumstances. Each source should explain: 1) how they know you and for how long; 2) your relationship with your parents; 3) any other information relevant to your particular circumstance.

Confirmation of Dependency Status for 2009-10

- ✓ Students who received a dependency override in 2009-10 will receive an email from our office with instructions on how to request an override for 2010-11. Please be sure to follow all of the instructions included in the email.
- ✓ If a student was granted a Dependency Override for 2009-10, we need confirmation that the situation that caused the dependency override is the same for 2010-11. Please check the corresponding box on the form below and then provide supporting information that the situation is the same.
- ✓ If a student was granted a Dependency Override for 2009-10, and the situation has changed enough to reverse the decision of Student Financial Services, please check the corresponding box on the form below and provide supporting information.

REQR

**Financial Aid
Appeal for Reconsideration
2010-2011**

University ID: - or SIS ID:

Student's Full Name: _____
(LEGAL NAME - PRINT) *first* *middle* *last*

Home Address _____ City/State/Zip code _____

Home Telephone _____ E-Mail Address _____

This form must be completed, signed and submitted with the required documentation to Student Financial Services. Requests submitted without required documentation will not be considered. The decision of the Review Committee is final and cannot be appealed.

Reason for Requesting Reconsideration of Financial Aid Eligibility (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Expenses for handicapped dependents |
| <input type="checkbox"/> Reduced employment | <input type="checkbox"/> Independent student in household size and/or # in college |
| <input type="checkbox"/> Loss of untaxed income or benefits | <input type="checkbox"/> Legal award received for long-term medical needs |
| <input type="checkbox"/> Reduced untaxed income or benefits | <input type="checkbox"/> Dependency status override |
| <input type="checkbox"/> Divorce or separation | <input type="checkbox"/> The situation that warranted a Dependency Override for 2009-10 remains the same |
| <input type="checkbox"/> Death of parent or spouse | <input type="checkbox"/> The situation that warranted a Dependency Override for 2009-10 has changed. |
| <input type="checkbox"/> Excessive medical and dental expenses | |
| <input type="checkbox"/> Child care for dependent children | |

University ID: - or SIS ID:

Student's Full Name: _____
first *middle* *last*

After checking the previous criteria, please continue by detailing your special circumstances. Be sure to include all relevant information, (i.e., dates the circumstances occurred, the individual it affected and any other information you feel would justify this appeal). Your written explanation should be as detailed as possible.

Please print or type your remarks. Attach additional pages if necessary:

I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner or I understand that my Appeal for Reconsideration will be denied. I also understand that if I give false or misleading information, I may be fined, imprisoned or both.

Student's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____