Please Read

Roberts Wesleyan College has an appeal process through which you may request reconsideration of your federal aid. If you are able to document a significant change in your family's financial circumstances, or believe there are special circumstances that were not considered initially, please complete this form. Federal regulations and institutional policies require that exceptions fall within certain parameters and are documented. This form is designed to assist you in providing information critical to the review of your appeal. A financial aid counselor will review your appeal. Their decision will be based on the individual circumstances outlined in the completion of this form. Students will be notified, in writing, of the appeal decision.

Federal regulations DO NOT require that a school review an appeal for additional financial aid; it is solely at the discretion of the college or university.

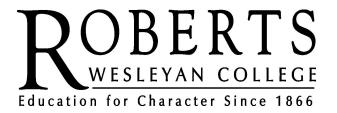
Please note, submission of an appeal does not guarantee an adjustment to a student's award.

Failure to document all circumstances and/or losses of income may result in a pending application for additional information and will cause a review delay.

You will be notified in writing regarding the outcome of your Financial Aid Appeal Form. In many instances, an adjustment to the student's record does not always qualify a student for additional financial aid.

Roberts Wesleyan College Office of Financial Aid 2301 Westside Drive Rochester NY 146241997

Tel: 585-594-6150 or; 1-800-777-4792 ext 6150 Fax: 585-594-6036 email: Finaid@roberts.edu



2014-2015 Financial Aid Professional Judgment Request

Dependent		☐ Independent					
	F	Please Type or Print					
Student Name							
Student ID#			Date of Birth				
Address							
City -			State	Zip Code			
Phone Number (cell or home)							
Parent's Name							
Parent's E-mail:	Day Phone #						

Only ONE parent or guardian needed for appeal

ALL PROFESSIONAL JUDGMENT CONSIDERATIONS MUST FIRST COMPLETE THE VERIFICATION PROCESS. THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS REQUEST FOR RECONSIDERATION OF FINANCIAL AID:

- Signed Letter explaining Circumstance
- All Supporting Documentation (see back)
- **Overification Worksheet**
- Copy of 2013 IRS Tax Return Transcript*
 (may also need to provide pages 1 and 2 of 2013 federal tax return)

This request will not be processed until all documentation is received.

* Request your 2013 IRS Tax Return Transcript at www.irs.gov.

Under the Tools section, select "Get Transcript of Your Tax Records", then select "Get Transcript Online". Set up an IRS User ID and PIN, then print a PDF copy of your tax return transcript. (usually available within 2-3 weeks after electronically filing your return)

WARNING: If you purposely give false or misleading information on this request, you may be fined, sentenced to jail, or both.

CIRCUMSTANCES: Check all that apply.								
Parent(s) Attending College at Least Half-Time i parent is attending, listing credit hours enrolled and term.	n a Degree-Granting	Program: Provide docu	mentation from	a federally- eligible college the				
Private Elementary or Secondary School Tuition paid for <u>calendar</u> year 2013 (1/1/13-12/31/13). Day care, pres ACADEMIC YEAR.	_	-						
Loss of Benefits such as Child Support, Unemployment, or Social Security (if reported on the FAFSA): Provide letter explaining type, monthly amount and when loss of income occurred, along with documentation such as court document, letter from Social Security, or copy of unemployment compensation termination letter with year to date information, as appropriate.								
Unusually High Medical Expenses Not covered to along with a summary of payments made for medical treatment treatment in lieu of Schedule A. and evidence these were not consider insurance premiums or deductibles paid in this calculation.	nt. If you did not itemize on overed by insurance. (We wi	your tax returns, provide p	aid receipts or c	opies of checks for medical				
MARRIAGE of a Parent or Student: Provide a copy of Administration. Must also provide 2013 tax transcript for the sp			as been change	d with the Social Security				
Separation/Divorce: Provide a copy of the divorce decred documentation confirming separate residences. Also provide			ating attorney s	tating marital status, or				
Death of a Parent or Spouse: Provide a copy of the de	ath certificate and 2013 W-2	s's from all employers						
Lump Sum Distributions/ Inheritance: This could be (other than income) were not received in the previous year and attorney letter for inheritance or tax document for distribution), distribution, and where this money is at the present time (eg. sa	will not be received in the country transcript from the	next year Provide evidenc le IRS, and a letter stating tl	e supporting sou	rce of these funds (such as an				
Unusual Debt (such as Chapter 13 Bankruptcy, Garrepaid. Provide court document or other legal documentation of				or business failure and are being				
Other Extenuating Circumstances: Provide a writter circumstances that were not previously considered. Note: exc				hange in your family's financial				
Reduction of Income: In cases where the parent(s) of a dead RWC may consider adjusting the FAFSA income figures. (Loss of Adjustments will not be made for a dependent student's change You must identify the reason	of bonus or overtime incom ge in income.	e, as well as an anticipated	ncome or loss, c	an not be considered)				
Unemployed: (Must be out of work for at least 8 weeks in 2014.) Provide a statement of benefits from an unemployment agency; letter from previous employer stating separation and last day worked; along with last paystub from former employer.			Disability: Provide a letter from physician confirming disability and prognosis for returning to work. Include a letter from Socia Security, insurance agency, or other service providing benefits, whether temporary or permanent, stating monthly amount and length of benefits.					
Cannot request prior to MAY, 2014.	documentation of monthly benefits.							
20	14 estimated income	calculations:						
Gross Income from Work (attach last paystub)	ACTUAL (1/1/14 - TODAY) ESTIMATED (TODA)	′-12/31/14)	TOTAL 2014 INCOME				
by parent/stepparent #1 in 2014	\$	+ \$	=	\$				
by parent/stepparent#2 in 2014	\$	+ \$	=	\$				
by student in 2014 (if independent)	\$	+ \$	=	\$				
by student's spouse or other household member	\$	+ \$	=	\$				
Unemployment benefits/ Workers Comp	\$	+ \$	=	\$				
Social Security / Welfare / Child Support	\$	+ \$	=	\$				
ALL OTHER INCOME FOR HOUSEHOLD MEMBERS	\$	+ \$	=	\$				
CERTIFICATION: MUST BE SIGNED TO BE CONS complete to the best of my knowledge. I will provid	e documentation to sul	ostantiate the informat		on this form is true and				
STUDENT DA	ATE P.	ARENT (if dependent)		DATE				