

Student Financial Aid Services  
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**Office Use Only**

Doc: PAPIC #29  
Tkg. Grp: \_\_\_\_\_  
Comp. Date: \_\_\_\_\_  
Comp. By: \_\_\_\_\_

**2015-2016 Parent in College Appeal**

Student: \_\_\_\_\_ Student ID or SSN: \_\_\_\_\_  
Please Print

**Required for Appeal:**

- Parent must be working toward a degree **and** enrolled at least half-time
- A copy of parent's financial aid award letter
- Proof of parent's tuition, books, and supplies expenses (copy of Student Account statements and/or receipts for books and supplies)
- Student must submit a FAFSA for the 2015-2016 academic year with completed tax information

**PARENT SECTION**

Name of Parent Attending College: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name of University, College or other accredited school: \_\_\_\_\_

Major or name of program: \_\_\_\_\_

Degree type (one-year certificate, associate's, bachelor's, master's, etc.): \_\_\_\_\_

Number of credits: \_\_\_\_\_

*I certify that all information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.*

Parent Signature: \_\_\_\_\_

**PARENT'S SCHOOL SECTION- To be completed by a financial aid administrator at the parent's school**

Is the above named student formally admitted into a degree or certificate program? ☐ Yes ☐ No  
Is the above named student currently attending your institution? ☐ Yes ☐ No  
Is the above named student considered to be degree-seeking? ☐ Yes ☐ No  
Student's enrollment for the semester: ☐ Full-time ☐ Half-time ☐ Less than half-time

Financial Aid Administrator Printed Name

Title

Financial Aid Administrator Signature

Date