



Syracuse University Financial Aid Appeal Application

Student Name: _____

Please print

SUID: _____

Parent Name: _____

Parent e-mail address _____

Check one:

- ☐ Early Decision Freshman
- ☐ Regular Decision Freshman
- ☐ Transfer
- ☐ Current Student

Your MySlice Financial Aid To Do List, found online at <http://myslice.syr.edu>, will contain a link with instructions for sending 2012 federal income tax return, including all schedule(s) and W-2 form(s), to the College Board's Institutional Documentation Service (IDOC). DO NOT attach them to this form as that will delay your application.

If you have already submitted your tax information, you do not need to send them again.

Complete this application and return with the documentation requested as described in the boxes on the following pages to:

Office of Financial Aid and Scholarship Programs
Syracuse University
P.O. Box 37324
Syracuse, NY 13235

**FINANCIAL AID APPEAL
AY 2014**

<input type="checkbox"/>	<p>Significant reduction in income</p> <p>Please note: we will be unable to consider appeals based on unemployment until 10 weeks from the date of termination/lay-off.</p> <p>Changes may not be considered if income loss is not significant.</p>	<p>Termination of employment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2013 Estimated Year Income Statement (attached) <input type="checkbox"/> Copy of the last/most recent pay stub <input type="checkbox"/> Termination notice from employer <input type="checkbox"/> Severance statement <input type="checkbox"/> Copy of unemployment benefit eligibility from Department of Labor <p>OR</p> <p>Significant change of income/employment status (including retirement):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2013-14 Estimated Year Income Statement <input type="checkbox"/> Copy of the last/most recent pay stub <input type="checkbox"/> Letter of explanation from employer
<input type="checkbox"/>	<p>One-time non-recurring income</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of distribution (copy of settlement, letter from employer, Form 1099, etc.) <input type="checkbox"/> Listing and documentation of expenses paid from distribution, if it is no longer available
<input type="checkbox"/>	<p>Unexpected change in family circumstances</p>	<p>Death of parent or other immediate family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of death certificate <input type="checkbox"/> Documentation of medical and/or funeral expenses <input type="checkbox"/> If decrease in income, complete the 2013 Estimated Year Income Statement <input type="checkbox"/> Documentation of expected Social Security benefits for all family member <input type="checkbox"/> Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance
<input type="checkbox"/>	<p>Family care expenses</p>	<p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of medical bills (not covered or reimbursed by insurance) paid during prior tax year (2012). If there is an ongoing condition, please provide documentation and/or estimate of treatment costs. <p>Educational:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Private school for special needs sibling. A copy of the tuition bill is required.

PARENT(S)' ESTIMATED YEAR (2013) INCOME STATEMENT

Please submit documentation noted by asterisks (*) below.

Student's Name: _____ SUID: _____

Date of parent's employment termination (if applicable) _____ month _____ year

*Copy of termination letter must be submitted

Estimated 2013 Taxable Income		
	Mother/Stepmother	Father/Stepfather
Taxable gross income for 2013 (wages, business and/or farm income) Include copy of last/most recent pay stub from all positions held in 2013		
Unemployment benefits Include copy of benefit eligibility from the Department of Labor	\$ _____ <i>Per Week</i> <i>from</i> <i>(mm/dd/yy)</i> <i>until</i> <i>(mm/dd/yy)</i>	\$ _____ <i>Per Week</i> <i>from</i> <i>(mm/dd/yy)</i> <i>until</i> <i>(mm/dd/yy)</i>
Interest/Dividend income		
Other taxable income (includes severance payments*, rental income, alimony, pensions, annuities, capital gains or losses, or net income/losses from partnerships, estates, trusts, etc.) *Include copy of severance statement, if applicable		
Estimated 2013 Untaxed Income:		
IRA, Keogh and/or SIMPLE payment		
Payments to tax-deferred pension such as 401(K) or 403(B) plans and savings plans (paid directly or withheld from earnings)		
Social Security or Social Security Disability benefits		
Child Support received		
Public Assistance (Temporary Assistance for Needy Families, WIC, and other)		
Untaxed portions of pension distributions or withdrawals (excluding "rollovers")		
Any other untaxed income such as foreign income; or benefit such as workers' compensation (<i>please specify</i>)		
TOTALS	\$ _____	\$ _____

Please provide an explanation of any additional circumstances on a separate document.

Student/Parent Certification

I/We certify the information listed is complete and accurate. I/We understand that the submission of an appeal does not release the student from the obligation of staying current with the Bursar and/or Syracuse SuperCard bill. It is the student's responsibility to maintain good standing with the Bursar.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

This appeal will be reviewed within 7-10 business days of receipt by the Office of Financial Aid and Scholarship Programs. Additional processing time may be necessary in the event more information is requested. The parent and/or student will be notified via mail and/or e-mail with the outcome of the appeal decision.

Mother/Stepmother's Signature: _____ Date: _____

Father/Stepfather's Signature: _____ Date: _____

Student Signature: _____ Date: _____