



Financial Aid Appeal Form 2006-2007 Academic Year

This form is required before we will reconsider your aid eligibility. Please complete **ONLY** the section(s) of the form appropriate to your situation and return the form to our office.

NOTE: Filing this form DOES NOT guarantee a change in your financial aid package.

Student's Name _____ Social Sec. Number _____
Parent's Name _____ Daytime Phone _____ E-mail _____
Signature _____ Date _____

SECTION I: 2006 EXPECTED INCOME IS SUBSTANTIALLY LESS THAN 2005 INCOME

1. Check the applicable reason and explain. Also provide appropriate documentation.

- (a) Unemployment or a change in employment
- (b) Divorce/separation (include only custodial parent's income information below)
- (c) Disability or death of student's parent (include only surviving parent's income information)
- (d) One-time income (e.g., IRA/pension distribution, inheritance, etc.) On page 3 or 4 of this form, identify the source and amount of income and itemize how the funds were spent or invested.

Date of occurrence _____

2. If (a), (b), or (c) is checked, provide the following information for 2006:

Wages, salaries, tips	\$ _____
Unemployment compensation and/or severance pay	\$ _____
Interest and dividend income	\$ _____
Net income from business, farm, and/or rentals	\$ _____
Other taxable income (identify)	\$ _____
Social Security and/or disability payments	\$ _____
Child support, alimony, and/or value of expenses paid by former spouse	\$ _____
Housing, food, and other living allowances paid to members of the military, clergy, and others (include cash payments and/or cash value of benefits)	\$ _____
Other untaxed income (identify)	\$ _____
TOTAL ANTICIPATED INCOME	\$ _____

NOTE: If we increase your aid award, it will be for one semester only. At the end of that semester, we will reevaluate your situation and make a new determination of eligibility.

SECTION II: SUPPORT OF EXTENDED FAMILY

1. Do you contribute financial support to a relative who is not counted as a member of your household?

Yes _____ No _____

2. If "Yes," provide the following information for each relative to whom you contribute support (copy page if necessary):

Name of the supported relative _____

Age _____ Relationship to student _____

Date support began _____ Date support ends _____

Amount paid by you per month \$ _____ Number of months _____

Amount paid by other sources per month \$ _____ Number of months _____

Reason for support:

3. If the relative resides in your home, what is his/her *personal* monthly income, including Social Security benefits?

\$ _____ per month

4. Did / will you claim this person as a dependent on your federal income tax return? Yes _____ No _____
2005 tax return _____ 2006 tax return _____ If "No," explain why not below.

NOTE: If the relative(s) supported does not live in your home, please provide documentation of this support (e.g., canceled checks or receipts).

SECTION III: UNUSUALLY HIGH INDEBTEDNESS BECAUSE OF UNUSUAL CIRCUMSTANCES

1. Do you have unusual debts or loans for which you are *currently* making monthly payments?

Yes _____ No _____

2. If "Yes," attach documentation and provide the following information:

Reason for and type of debt _____

Owed by whom? _____ Owed to whom? _____

Amount of original debt \$ _____ Balance still owed on debt \$ _____

Date incurred _____ Date payments will end _____

Monthly payment \$ _____

3. Will these expenses be higher, lower, or the same in 2006? If higher or lower, explain the reason.

SECTION IV: PREVIOUS EDUCATIONAL LOANS

Provide the following information for each educational loan *currently being repaid* by your family for a parent's or a sibling's previous educational expenses. **DO NOT** include payments being made on a *student loan* in a *sibling's* name.

NOTE: Attach documentation (bills or receipts) of the amounts below.

Name of the person for whom the loan was made _____

Relationship to the student _____

Name of person who is legally responsible for repayment of the loan _____

Name of loan program (e.g., PLUS, Stafford, etc.) _____

Original balance of loan \$ _____ Approximate balance remaining \$ _____

Date repayment began _____ Date repayment scheduled to end _____

Amount to be repaid *per month* in 2006 \$ _____ Number of months _____

SECTION V: OTHER EXTENUATING CIRCUMSTANCES

If there are other unusual circumstances that you think warrant a reevaluation of your financial aid eligibility, enter pertinent information in the space below. Because need analysis is based on a formula, include as much dollar-specific information as possible.