



**APPEAL FOR
CONSIDERATION
FOR ADDITIONAL
FINANCIAL ASSISTANCE**

**DEPENDENT
2009-2010**

Financial Aid Office
www.sjfc.edu/financialaid

NAME: _____ ID/SSN: _____ DATE: _____

TELEPHONE/CELL NUMBER: _____ E-MAIL ADDRESS: _____

The Financial Aid Office at St. John Fisher College realizes that students and their families experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for additional funding as a result of these expenses or unusual circumstances. Please be sure to sign the form (Section C) before submitting.

If selected for verification, or for income-related appeals, the verification process must be complete prior to an appeal for special circumstances. Please submit the following verification documentation:

a signed copy of student and parent 2008 federal tax returns, a copy of student and parent 2008 W-2 statements, and a signed and completed Dependent Verification worksheet.

SECTION A – Please check the condition(s) that apply and **submit all required documentation.**

<u>CONDITIONS</u>	<u>DOCUMENTATION REQUIRED</u>
_____ 1. Student Transportation Expenses*	<ul style="list-style-type: none"> • Letter indicating mileage per week, the reason for travel, the frequency of travel, and the semester(s).
_____ 2. Parent Income Reduction or Loss/Benefit Reduction or Loss (For example: Unemployment Compensation)	<ul style="list-style-type: none"> • Letter of explanation. • Letter from employer stating reason and date of status change or copy of benefit termination or reduction notice. (Include a 2009 benefit statement to date.) • Copies of last 2009 pay stub(s) as of today for each job held in 2009. • COMPLETE EXPECTED INCOME WORKSHEET – SECTION B. • Verification documentation
_____ 3a. Child Support Loss or Reduction _____ 3b. SSI/Social Security Loss or Reduction (taxable social security benefits only)	<ul style="list-style-type: none"> • Send notice of reduction/loss or court order and indicate totals received for calendar years 2008 and 2009. Documentation should list applicable parties involved. • Total gross amount for 2008 \$ _____ • Total gross amount for 2009 \$ _____ • Verification documentation
_____ 4. Parent widowed, divorced or separated since applying for federal aid for 2009-2010	<ul style="list-style-type: none"> • Letter of explanation. Include the date of the marital status change. • Copy of divorce decree/separation papers (if available) or copy of death certificate. • Copies of last 2009 pay stub(s) as of today for each job held in 2009. DO NOT INCLUDE ANY INCOME FROM SPOUSE. • COMPLETE SECTION B. PLEASE INCLUDE ANY SUPPORT PAYMENTS RECEIVED FROM DIVORCED OR SEPARATED SPOUSE OR LIFE INSURANCE PAYMENTS FOR DECEASED SPOUSE. • Verification documentation
_____ 5. Unusually high out of pocket medical expenses that exceed 7.5% of parent federal adjusted gross income	<ul style="list-style-type: none"> • Letter of explanation and copy of 2008 federal income tax return. • Copies of paid medical and/or dental expense receipts paid in 2008 OR Schedule A of federal 1040, if claimed medical expenses. • Verification documentation
_____ 6. OTHER* - books/supplies in excess of \$450 per semester, etc.	<ul style="list-style-type: none"> • Submit a detailed letter explaining your situation with supporting documents.

***Denotes that only additional loan funds may possibly be awarded.**

SECTION B: EXPECTED 2009 PARENT INCOME WORKSHEET (To be completed only if you checked condition numbers 2 or 4).

INSTRUCTIONS: Please complete this page using parent/stepparent income expected for 2009. **We cannot assume a blank line to mean "0" or "none". Place the appropriate answer on each line.** If filing this form for number 4 in Section A, USE YOUR CUSTODIAL/SURVIVING PARENT INCOME ONLY.

I. 2009 **GROSS** Income from January 1, 2009 to Today (___ / ___ / ___): TOTALS (Gross)

A. **Taxed income earned from work by:**

Mother (Stepmother)*Year-to-date Pay Stub = \$ _____ (Gross)

Father (Stepfather)*Year-to-date Pay Stub = \$ _____ (Gross)

B. **Other taxable income: Circle all that apply:** \$ _____
 Unemployment compensation, taxable disability, taxable social security, business/farm income, alimony, insurance benefits paid to family.

C. **Non-taxable income: Circle all that apply** \$ _____
 All other income and benefits that do not appear on your federal tax return: child support, other support payments, payments made to tax-deferred pensions and savings plans like 401(k)and 403(b) plans, workers' comp., etc.

II. Anticipated **GROSS** Income From Today (___ / ___ / ___) to December 31, 2009:

A. **Taxed income earned from work by:**

Mother (Stepmother) \$ _____ (Gross)

Father (Stepfather) \$ _____ (Gross)

B. **Other taxable income: Circle all that apply:** \$ _____
 Unemployment compensation, taxable disability, taxable social security, business/farm income, alimony, insurance benefits paid to family.

C. **Non-taxable income: Circle all that apply.** \$ _____
 All other income and benefits that do not appear on your federal tax return: child support, other support payments, payments made to tax-deferred pensions and savings plans like 401(k)and 403(b) plans, workers' comp., etc.

III. **Total Expected 2009 Gross Income** (Section I + Section II = Total for Section III). \$ _____

SECTION C: CERTIFICATION STATEMENT--The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the St. John Fisher College Financial Aid Office of any error or omission. I understand that failure to comply with this agreement could result in forfeiture of financial aid for the student.

_____ **STUDENT SIGNATURE** _____ **DATE**

_____ **PARENT SIGNATURE** _____ **DATE**

Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.

Office Use Only:

I: APPROVE DISAPPROVE

Rationale: _____

Advisor: _____ Date: _____