

Section II:

REASONS FOR THE APPEAL

Please complete all areas that apply, explain your situation in detail, and attach supporting documentation.

_____ **Unemployment or Loss of Income** (Provide letter from employer, an accounting of unemployment benefits, copy of last check stub, and/or statement from appropriate agency.)

Effective date: _____ Voluntary Involuntary

_____ **Unusual medical or dental expenses not covered by insurance** (Provide receipts of medical and dental payments.)

Amount paid in 2009: _____ Amount paid 2010: _____

Will you itemize these expenses on your federal tax return? _____ YES _____ NO

If yes, how much and for which tax year (2009-2010)? _____

_____ **Changes in family assets:** Source of loss _____
(i.e. Provide accountant or investment brokers statements confirming asset liquidation.)

Effective Date: _____ Voluntary Involuntary

_____ **Divorce/Separation of a parent or from a spouse in 2010.** Effective Date of separation/divorce: _____
(Provide copies of legal documents for separation or divorce.)

Name of custodial parent (dependent students): _____

_____ **Death of parent or spouse in 2010:** Date of death: _____
Which Parent: (circle one) Father Mother

_____ **Other unusual expenses** (Contributions to unemployed adult children, elder care, legal fees, funeral expenses, involuntary and temporary maintenance of two households, child care, educational expenses of parents who are enrolled in college, etc. Please provide documentation of these expenses.)

Please list an explanation for any of the above appeals. Also list the student’s relationship to the affected family member in all instances. Please use page 4 if additional space is needed.

Section III: FAMILY FINANCIAL INFORMATION

- Must be completed by all applicants -

Estimated 2010 Income

Provide your best estimate of the amounts you will receive from all sources of income (include taxable and non-taxable income) from January 1, 2010 to December 31, 2010 and attach supporting documentation [examples are: current paystubs, unemployment benefit statement, social security benefit statement or pay documentation, etc]

Student/Spouse Information

Parent(s) Information (Dependent students only)

Student's anticipated earned income	\$ _____	Father's anticipated earned income	\$ _____
Spouse's anticipated earned income	\$ _____	Mother's anticipated earned income	\$ _____
Student/Spouse anticipated other taxable income	\$ _____	Family's anticipated other taxable income	\$ _____
Total taxable income	\$ _____	Total taxable income	\$ _____
Student/Spouse non-taxable income*	\$ _____	Family's non-taxable income*	\$ _____

***Non-taxable income includes:**

Payments to tax-deferred pensions and savings plans, deductible IRA and/or Keogh payments, child support received, tax exempt interest income, untaxed portions of pensions, living allowances for military and/or clergy, workers compensation, disability benefits.

Current Asset Information

Student/Spouse Assets (all students)

Parent(s) Assets (dependent students only)

		Age of older parent.....	_____
Total current balance of cash, savings and checking accounts	\$ _____	Total current balance of cash, savings and checking accounts	\$ _____
Current net worth of investments	\$ _____	Current net worth of investments	\$ _____
(Investment value minus investment debt)		(Investment value minus investment debt)	
Current net worth of business	\$ _____	Current net worth of business.....	\$ _____
(Business value minus business debt)		(Business value minus business debt)	
Do not include if employees less than 100 people		Do not include if employee less than 100 people	
Current net worth of investment farm	\$ _____	Current net worth of investment farm	\$ _____
(Investment farm value minus investment farm debt)		(Investment farm value minus investment farm debt)	
Do not include a farm that you live on and operate.		Do not include a farm that you live on and operate.	

Section IV:

SIGNATURE(S)

- Required -

I hereby affirm that all information reported on this form and any attachments hereto is true, complete, and accurate to the best of my (our) knowledge. I understand that if I (we) receive federal student aid based on incorrect information, I (we) will have to pay it back; I (we) may also have to pay fines and fees.

Student _____ Date _____

Parent _____ Date _____
Dependent Students only

Spouse _____ Date _____

Parent _____ Date _____
Dependent Students only

