# 2018-2019 Appeal Form

Loss of Wages/Benefits

Loss of bonus/overtime not considered

Student Name	
Student Banner ID	
Today's Date	
Email Address	
Student or Parent Signature*	

office use only	
# of pages	
current status	
prior status	
track code	spcond
prepped by	
date prepped	

<sup>\*</sup> Your signature on this form indicates that information submitted is true and complete to the best of your knowledge.

#### When to Use this form:

This form is designed to help families communicate involuntary loss of wages, employment or benefit in 2017. Losses experienced in 2018 may not be reviewed until the mid-point of the calendar year.

### **Returning Students**

- Decisions on appeals received during the summer break will be finalized mid-September and those received during the fall semester will be finalized mid-February. Results posted in CyberFriar.
- Your bill is still expected to be paid on time and you should not wait for the results of your appeal before paying your bill.
- Submission of an appeal is not a guarantee of additional funding and does not prevent a financial hold being placed on the student account.

#### Incoming Freshman

- All appeals received before 4/21 will be reviewed on a rolling basis. While not guaranteed, we will make every attempt to respond by your Admission deposit deadlines\*.
- You should not wait for appeal results to make your enrollment decision.
- Decisions on appeals received after 5/1 will follow the Returning Student Policy (see box to the left).

\*Early Decision I Jan. 15, Early Decision II, Mar. 1 and Early Action & Regular Decision May 1

### Submit **all** of the following:

Omitting any items below will delay the appeal process. Also, if selected for verification by the U.S. Department of Education you may be asked for additional documentation.

- O 2016 W2(s)
- O 2016 Federal Tax Return
- O 2017 W2(s) and last paystub from previous employer
- O Recent paystub from new employer
  - o check here if not applicable
- O 2017 Federal Taxes
  - o check here if not filed yet
- O Detailed Letter of Explanation (include date loss began and overall loss)
- O Unemployment Benefit Statement (indicate no benefits received or provide agency statement)
- O Severance Benefit Statement (indicate none received or provide employer statement)
- O Other supporting documents that strengthen your appeal
- O Complete grid on back do not leave any fields blank

Do not leave any fields blank. Use "n/a" if question does not apply.

W	ag	es
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### Do not leave ANY box blank

	Actual Income January 1 <sup>st</sup> through TODAY	Estimated Your Income TODAY through December 31, 2018
W2 Wages for parent 1	You <u>must</u> submit the most recent paystub you have for each parent working	
W2 Wages for parent 2		

## **Business/Rental Income**

	Actual Income January 1 <sup>st</sup> through TODAY	Estimate Your Income TODAY through December 31, 2018
Business Income (from Schedule C, E or F)	You <u>must</u> submit the most recent balance sheet you have for each business/rental	
Rental Income (from Schedule E)		

## Other Taxable Income

	Expected 2018 total
Alimony	
Severance	
Unemployment	
Retirement/Pension Income (taxable portion only)	
Social Security Benefit (taxable portion only)	
Other Taxable Income Type:	

## **Untaxable Income**

	Expected 2018 total
Child Support Received	
Housing Allowance (military and clergy)	
Retirement/Pension Income (untaxable portion only)	
Social Security Benefit (untaxable portion only)	
Other Taxable Income	