

# Need Based Financial Aid Appeal Form



## STUDENT INFORMATION

Student Last Name	Student First Name	Middle Initial	
Street Address	City	State/Province	Zip/Postal Code
Phone	Email		

## REQUEST FOR SPECIAL CIRCUMSTANCES (Complete only the sections that apply to you)

**K-12 Private Tuition for siblings or children:** In the grid below, include the anticipated amount to be paid, less any assistance received from the school, church or other sources, for each child that will be enrolled during the upcoming year.

Student Name	Grade Level	Name of School	Tuition to be Paid
Total			

**Parent(s) College Tuition:** If the parent(s) of a dependent student are enrolled in college, report the amount of tuition to be paid, less any assistance received from the school or other sources, for the current year. Include a copy of the parent's most recent financial aid award letter or billing statements with this form.

Parent tuition to be paid during current year: \_\_\_\_\_

**Unusually High Medical, Dental and Dependent Care Costs:** The FAFSA has a built-in allowance for these kinds of expenses. If you believe your expenses (not covered by insurance) are unusually high, complete the questions below.

Expected annual medical/dental bills to be paid (after insurance) during current academic year: \_\_\_\_\_

Expected annual unreimbursed expenses for medically-related care of family members during current year: \_\_\_\_\_

Please include support for your estimates given above. Documentation could include Schedule A (itemized deductions) from your federal 1040 tax return; a signed, itemized list of expenses that includes date of service, payee, and amount paid; a detailed written statement; or other documents that demonstrate a financial burden. Appeals without supporting documentation will not be considered.

**Reduction In Income:** Complete the section(s) below if there has been a significant and unwillful reduction to income since last year. Estimate anticipated current year income to the best of your ability.

<b>PARENT INCOME</b> (estimate for current year) Father's wages/severance pay: _____ Father's unemployment benefits: _____ Father's other income: _____ Mother's wages/severance pay: _____ Mother's unemployment benefits: _____ Mother's other income: _____ Total current year income: _____	<b>STUDENT INCOME</b> (estimate for current year) Student's wages/severance pay: _____ Student's unemployment benefits: _____ Student's other income: _____ Spouse's wages/severance _____ Spouse's unemployment benefits: _____ Spouse's other income: _____ Total current year income: _____
--	---

Please include support for your estimates given above. Documentation could include recent paystubs, unemployment benefits statements, letters from employers, a detailed written explanation of changes, or other documents that demonstrate a change in financial circumstances. Appeals without supporting documentation will not be considered.

**Other Circumstances or Explanation:** Use this space to explain any other circumstances not reflected on the FAFSA, or to further explain any of the information from foregoing sections. Attach another page if necessary.

**CERTIFICATION**

By signing this form, I certify that all information is true and complete, to the best of my knowledge. I understand that cases of suspected fraud will be reported for investigation.

---

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Parent Signature (required for dependent students) \_\_\_\_\_ Date \_\_\_\_\_

---

Date \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Financial Aid Office  
 Providence Christian College  
 1539 E Howard Street  
 Pasadena, CA 91710

Attn: Tina Bos, Financial Aid Advisor  
 Email: bos@providencecc.edu