

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.

| | |
|--|---|
| PARENT INCOME (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: _____ | STUDENT INCOME (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 _____

RETURN COMPLETED FORM TO:

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|--|--|
| Financial Aid Office Providence Christian College 1539 E Howard Street Pasadena, CA 91710 | Attn: Tina Bos, Financial Aid Advisor Email: bos@providencecc.edu |
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