

## 2018-2019 Financial Aid Appeal Form

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Sometimes families experience special circumstances which merit recalculation of their financial aid eligibility based on 2017 or 2018 information rather than the federally required 2016 information. This form is designed to document those situations for review by the Financial Aid Office. Please be advised that all professional judgment appeal decisions are final.

**Instructions:**

To request a review of your extenuating financial circumstances

1. Complete your 2018-2019 FAFSA application.
2. Complete and return this Appeal Form to the Financial Aid Office.
3. Provide a signed copy of 2016 and 2017 (if done) Federal Income Tax Form pages 1, 2 and Schedule A.
4. Return additional requested verification information listed below.

**Circumstances:**

Please check [ ☐ ] the box beside the circumstances that apply to your situation and submit the necessary paperwork.

- ☐ Separation from Employment due to Layoff, Termination, or Disability for at least 8 weeks
  - ☐ Letter from employer on company's letterhead including last date of employment
  - ☐ Unemployment benefits determination document from state
  - ☐ Documentation of year-to-date income for 2018 (last pay stub, severance pay, SSI benefits)
- ☐ Job change that results in change in income
  - ☐ Documentation of start of new employment and new income (pay stub or new contract)
- ☐ Excessive Non-Reimbursed Medical and/or Dental Expenses paid during one calendar year (not paid with pre-tax or health savings account dollars)
  - ☐ Documentation of non-reimbursed medical and/or dental expenses OR
  - ☐ Copy of 1040 Schedule A showing medical costs
- ☐ Loss or Reduction of Untaxed Income Source (disability benefits, welfare benefits, child support) in 2016
  - ☐ Copy of notifications of benefits reduction/termination, including the effective date
  - ☐ Documentation of 2018 expected benefits
  - ☐ Documentation of 2018 year-to-date income (taxable and non-taxable)
- ☐ Tuition Expenses at a Private and/or secondary school during 2018-2019 academic year
  - ☐ Documentation of actual expenses you paid for tuition of dependent children
- ☐ One-time Income (IRA, Pension, Annuity Withdrawal or Roll-Over)
  - ☐ A signed and dated letter explaining the situation
- ☐ Separation or Divorce which occurred after applying for financial aid
  - ☐ Copy of court order, final divorce decree or legal separation
  - ☐ W-2's of both parents
- ☐ Death of a parent which occurred after applying for financial aid
  - ☐ Copy of death certificate
- ☐ Other Unusual Circumstances
  - ☐ A signed and dated letter explaining the situation with any additional documentation you want considered

***(Continued on Reverse Side)***

# GUSTAVUS

GUSTAVUS ADOLPHUS COLLEGE

Student Name: \_\_\_\_\_

ID: \_\_\_\_\_

**Additional Notes:**

**Certification:**

I/we certify that the information provided on this form is complete and accurate to the best of my/our knowledge. I/we agree to provide more detailed documentation if required. If additional changes occur during the 2018-2019 academic year that would alter the information provided on this form, I/we will immediately contact the Financial Aid Office at Gustavus Adolphus.

I/We understand that failure to provide the required documentation will result in a denial of this appeal.

I/we understand the Gustavus Policy that I must accept all federal loans that have been offered in my financial aid award if granted a Gustavus Appeal Grant. If I decline any awarded federal loans, my Appeal Grant will be removed.

**One parent signature is required if you are a dependent student.**

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

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Email

\_\_\_\_\_  
Parent Phone Number

**Submit this Appeal Form to:**

Financial Aid Office  
Gustavus Adolphus College  
800 West College Avenue  
St. Peter, MN 56082  
Fax: 507.933.7727