

2023-2024 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 2021 or 2022 information rather than the federally required 2021 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, complete all the following requirements:

- ____ File your 2023-2024 FAFSA application.
- ____ Complete and return this Appeal Form to the Financial Aid Office.
- ____ Provide a signed copy of 2021 Federal Income Tax Form and all Schedules. If you are requesting a review based on 2022 income information, please submit a signed 2022 Federal 1040 and all Schedules. Tax forms signed by a preparer are OK and do not need a parent signature.
- ____ 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, **OR**
 - Unemployment benefits determination document from state
- ☐ Job change that results in change in income
 - Documentation of start of new employment and new income (pay stub or new contract), **AND**
 - Last pay stub from former employer
- ☐ 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, **AND**
 - Copy of 1040 Schedule A showing medical costs
- ☐ Loss or Reduction of Untaxed Income Source (disability benefits, welfare benefits, child support) in 2021
 - Copy of notifications of benefits reduction/termination, including the effective date, **AND**
 - Documentation of 2022 expected benefits, **OR**
 - Documentation of 2023 year-to-date income (taxable and non-taxable)
- ☐ Tuition Expenses at a Private K-High School during 2023-2024 academic year
 - Documentation of actual expenses you paid (out-of-pocket) 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, **AND**
 - W-2's of both parents in addition to 2021 Federal 1040 and all Schedules
- ☐ 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

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GUSTAVUS

GUSTAVUS ADOLPHUS COLLEGE

Student Name: _____ ID: _____

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 2023-2024 academic year that would alter the information provided on this form, I/we will immediately contact the Financial Aid Office at Gustavus Adolphus. **Initials** _____

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

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. **Initials** _____

I/we understand the Gustavus Policy that all information provided to Gustavus regarding this appeal **will** be shared with the student and authorized parent. **Initials** _____

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

Student's Signature

Date

Parent's Signature

Date

Parent's email Address

Parent's 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