

## Attachment to Financial Aid Appeal Form/Required Supporting Documents

| Reason for appeal  | Required supporting documentation  |
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| 1. Change of school  | Provide a copy of college acceptance letter or proof of enrollment.  |
| 2. Change of Residence   | Provide a copy of rental agreement or housing contract.  |
| 3. Applied for wrong program   | Provide any outstanding documentation (i.e. letters of recommendation).  |
| 4. Change in size of family  | Provide copy of birth certificate or court documents of adoption for added family member.  |
| 5. Change in employment status<br>* Termination, unemployment, change of employment, change of employment from full-time to part-time, position change, decrease in salary/wages, retirement | Provide copy of:<br>* Recent federal tax return;<br>* Termination letter;<br>* Unemployment insurance benefits;<br>* Letter from employer evidencing employment status change;<br>* Projected income earned for current year;<br>* Statement regarding any anticipated retirement benefits (including social security) for the current year  |
| 6. Change in marital status  | Provide:<br>* Copy of marriage certificates, separation agreement or divorce Decree;<br>* If no separation agreement or divorce decree, provide a statement indicating date of intended divorce/separation.<br>➤ Separation must be with the intent to divorce; couple must be at different addresses.<br>* Is there an agreement of financial support payments (e.g. child support)?<br>➤ If yes, please list amount of child support payment and provide proof of child support payments.<br>* Number of people now in household |
| 7. Loss of assets  | Provide copy of documentation evidencing loss of assets (e.g. letter from the lender or financial institution, financial statements after date of loss, etc.)  |
| 8. Loss of one-time income<br>* Capital gains<br>* IRA withdrawals<br>* Gambling earnings<br>* Miscellaneous income  | Provide:<br>* Amount and source of income;<br>* Signed copy or prior year Federal tax return;<br>* Documentation of IRA rollover, if applicable;<br>* Explanation and itemized list of "how the money was used"  |
| 9. Excessive medical/dental (non cosmetic only) expenses   | Provide:<br>* Total expenses incurred;<br>* Total amount paid;<br>* Total paid by insurance;<br>* Total amount still due/outstanding;<br>* Copy of the most current medical/dental bill statement showing; amounts paid and outstanding  |
| 10. Illness  | Provide:<br>* Letter from doctor indicating dates of illness;<br>* Copy of medical bills   |
| 11. Loss of social security/disability benefits/child support  | Provide:<br>* Date benefits stopped;<br>* Documentation from agency providing benefits that states when Benefits stopped and amount received (if any) in the current year  |
| 12. Disability   | Provide:<br>* Date disability occurred;<br>* Proof of disability (medical documentation, letter from vocational rehabilitation, etc.);<br>* Copy of current year-to-date pay stubs from all jobs held;<br>* Proof of disability income   |
| 13. Death of family member   | Provide copy of the death certificate and a statement regarding any anticipated insurance proceeds for the current year.   |