

Financial Aid Appeal Request

2012 – 2013 Academic Year



Fisher College
Financial Aid Office
1 Arlington Street
Boston, Massachusetts 02116
(P) 617.236.8821 • (F) 617.670.4440

Name: _____

Soc. Sec. #: _____

If you (and your family) have circumstances that were not addressed on the Free Application for Federal Student Aid (FAFSA) or circumstances that have changed since the 2011 calendar year, you may be eligible to have your application reviewed.

Check below the circumstances that you (and your family) wish to appeal:

- Unexpected/Unplanned loss of income from 2011 to 2012(complete Section A)
- Unusual medical/dental expenses not covered by insurance (complete Section B)

PLEASE READ THE FOLLOWING CAREFULLY

1. If an appeal is filed, the reason must be thoroughly documented. **Incomplete or undocumented appeals will be denied.**
2. Only those appeal reasons aforementioned will be considered.
3. Students may file only one appeal in an academic year.
4. If not already selected by the Department of Education, all appeals will be selected for verification. (This means that all taxes and W-2's will need to be sent in to the Financial Aid Office along with several other documents)
5. Once the Financial Aid Appeals Committee reviews your appeal, you will be notified of the outcome via written correspondence within two weeks.
6. A successful appeal may result in increased eligibility for Pell Grant, MassGrant, and/or additional loan funds.
7. The decision of the Financial Appeals Committee is final.

COMPLETE THE FOLLOWING SECTION(S) APPROPRIATE TO YOUR APPEAL

*To have this appeal considered, attach a signed letter from student/parent explaining reason(s) for the reduction in income. In addition, the student and spouse, if applicable, and parent(s), if applicable, **must attach** signed copies of all pages of prior year federal tax returns, current year-to-date earnings statement, and, if applicable, layoff termination notice, and statement of unemployment benefits.*

Section A

Anticipated Income January 2012 to December 2012	STUDENT/ SPOUSE	PARENT(S)
Wages, salaries, tips		
Other taxable income		
Untaxed Social Security benefits		
Aid to Families with Dependent Children (AFDC)		
Child support received		
Other untaxed income		
TOTAL 2012 ANTICIPATED INCOME		

Section B

Unusual Medical/Dental Expenses NOT covered by Insurance	STUDENT/ SPOUSE	PARENT(S)
Total dollar amount of medical/dental expenses incurred and paid in 2011. (Include only the amount not covered by insurance)		
Total dollar amount of medical/dental expenses incurred and paid during the 2011-2012 academic year. (Include only the amount not covered by insurance)		

Documentation Check List

- Letter of explanation regarding circumstances of appeal
- Student's/Spouse's 2011 signed Federal 1040s and W-2(s)
- Parent's 2011 signed Federal 1040s and W-2(s)
- Documentation of claim (see paragraph at top of page)
- Financial Aid Appeal Request (this form)

STUDENT/PARENT CERTIFICATION

WARNING: If you purposely provide false or misleading information on this form, you may be subject to fine, imprisonment, or both.

By signing this form, I(We) certify that all information reported is complete and correct.

Student's signature/date

Spouse's signature/date

Parent's signature/date

Please mail or bring the Appeal Packet to the Financial Aid Office.

FOR FINANCIAL AID OFFICE USE ONLY

- Verification complete

- APPEAL APPROVED
- Used 2010 income for needs analysis
- Used 2011 income for needs analysis

- APPEAL DENIED

Reason for denial:

Financial aid counselor's signature

Date

