

2007 - 2008 REQUEST FOR APPEAL



PLEASE PRINT LEGIBLY IN INK AND **CAREFULLY FOLLOW ALL INSTRUCTIONS ATTACHED TO THIS FORM.**

LAST NAME (LEGAL NAME)		FIRST NAME	MI
STUDENT ID#	E-MAIL ADDRESS		BEST CONTACT PHONE NUMBER

I AM REQUESTING AN APPEAL FOR (check and complete section I, II, or III; **form is continued on back**):

I. Consideration of Special Circumstances (check A, B, or C, complete that section, and submit required documentation):

Complete this section, if the information on your 2007-2008 FAFSA does not accurately reflect your current financial situation because you, your spouse, or your parent/legal guardian have recently experienced a significant reduction in income or extraordinary expense. If you require additional space, please attach a separate page.

*****YOU MUST SUBMIT THE FOLLOWING DOCUMENTS FOR THIS SECTION (IA, IB, or IC). PLEASE NOTE: REQUESTS RECEIVED WITHOUT A WRITTEN EXPLANATION OR SUPPORTING DOCUMENTS WILL BE RETURNED WITHOUT CONSIDERATION.*****

1. ATTACH a detailed typewritten explanation of your special circumstances, including dates and dollar amounts.
2. ATTACH applicable supporting documents, such as disability eligibility letters, invoices and/or estimates of costs, receipts, cancelled checks, unemployment documentation (including the last paystub), etc.
3. ATTACH a copy of the student's, and the student's spouse's (if student is married), 2006 W-2 Form(s) and **SIGNED** 2006 Federal Tax Return (including all applicable tax schedules).
4. ATTACH, if student is a dependent, a copy of the parent's/legal guardian's 2006 W-2 Form(s) and **SIGNED** 2006 Federal Tax Return (including all applicable tax schedules).

A. Projected Income for 2007

Please provide information regarding income expected to be earned in 2007 on the table below.

Projected 2007 Income (Jan. 1, 2007 - Dec. 31, 2007)	Source	Average per Month	Total for 2007
Father/Legal Guardian's Expected 2007 Income			
Mother/Legal Guardian's Expected 2007 Income			
Student's Expected 2007 Income			
Spouse's Expected 2007 Income			
Other Expected Income			
Other Expected Income			
Grand Total			

B. Medical/Dental Expenses

Explanation of Expenses (only <u>uninsured</u> medical and dental expenses)	Date	Amount
Grand Total		

C. Elder or Child Care Expenses

Please provide information for all dependents residing with you during the academic year and attach paid receipts and/or billings for each.

Name of Dependent	DOB	Relationship to Student	Name of Care Provider	Monthly Amount

