

# 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 pay stub), 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			
<b>Grand Total</b>			

**B. Medical/Dental Expenses**

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

**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	Date of Birth	Relationship to Student	Name of Care Provider	Monthly Amount

**II. Parent in College** (complete this section AND submit required official verification of college enrollment):

To be considered for this appeal, your parent/legal guardian must be enrolled in college at least half-time in a program leading to a degree or certificate. Official verification of college enrollment from the school's record/registrar office for the 2007-2008 Academic Year is required; it should include enrollment dates, number of units attempted, and the degree program.

<b>FULL NAME OF PARENT IN COLLEGE</b>		<b>TELEPHONE NUMBER</b>	
<b>NAME OF COLLEGE PARENT IS ENROLLED IN</b>		<b>CITY</b>	<b>STATE</b>
<b>CURRENT ENROLLMENT</b>		<b>NUMBER OF UNITS</b>	<b>MAJOR COURSE OF STUDY</b>
Start Date	End Date		
Program: _____			For: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate

**III. Independent Student Status** (complete this section AND submit required documentation):

- Yes  No Have you received support (*gifts, money, loans, food, clothes, medical care, dental care, transportation, etc.*) from your parent/legal guardian(s) during 2006?
- \$ \_\_\_\_\_ How much support (*gifts, money, loans, food, clothes, medical care, dental care, transportation, etc.*) did your parent/legal guardian(s) provide during 2006?
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ When was the date (MM/DD/YY) you last lived with your parent/legal guardian(s)?
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ When was the date (MM/DD/YY) of the last time you had contact with your parent/legal guardian(s)?
- Submit the following:
  - A signed, typewritten statement detailing your situation and stating how you have supported yourself during 2006. Indicate the amounts and sources of income.
  - A copy of your rental leases/agreements or statements from your landlord(s) with documentation of rent paid.
  - A letter of support (*preferably on letterhead*) from your minister, social worker, teacher, counselor, etc. who is familiar with your situation. This letter must include:
    - The length of time the person has known you.
    - How the person is aware of your situation and their relationship to you.
    - Reason you do not receive parental/legal guardian support (*to the best of your knowledge*).
- If you are a ward of the court, or were a ward of the court until the age of 18, please submit a copy of the court order that designated you as a ward of the court.

**CERTIFICATION STATEMENT:**

By signing, you certify that neither you nor your parent/legal guardian(s) have purposely provided false or misleading information. If you are appealing based on projected year income for 2007, you may be responsible for repaying any financial aid awarded to you if your actual 2007 income varies significantly from your projected amount. Be aware that the SFS Office may request additional documentation from you in support of your appeal. Your submission and any subsequent approval of an appeal does not guarantee that your eligibility for financial aid will change. **If you are a dependent student, both you and a parent/legal guardian must sign this form. If married, both you and your spouse must sign this form.**

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE (if student is married)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN'S SIGNATURE (if student is a dependent)

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

Approved  Denied  Type of Adjustment \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
FAO SIGNATURE

\_\_\_\_\_  
DATE

**Return this completed appeal form with typewritten letter of explanation and all documentation to:  
PLNU Student Financial Services Office, 3900 Lomaland Dr., San Diego, CA 92106, Fax (619) 849-7078**