

2008 - 2009 REQUEST FOR APPEAL



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

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

I AM REQUESTING AN APPEAL FOR (check one) :

- Consideration of Special Circumstances** (Complete Section I and sign Certification Statement at the end of this form)
- Parent in College** (Complete Section II and sign Certification Statement at the end of this form)
- Independent Student Status** (Complete Section III and sign Certification Statement at the end of this form)

I. Consideration of Special Circumstances

Complete this section, if the information on your 2008-2009 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. (Check A, B, or C, complete that section, and submit required documentation.)

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), 2007 W-2 Form(s) and **SIGNED** 2007 Federal Tax Return (including all applicable tax schedules).
4. ATTACH, if student is a dependent, a copy of the parent's/legal guardian's 2007 W-2 Form(s) and **SIGNED** 2007 Federal Tax Return (including all applicable tax schedules).

A. Projected Income for 2008

Please provide information regarding income expected to be earned in 2008 on the table below.

Projected 2008 Income (Jan. 1, 2008 - Dec. 31, 2008)	Source	Average per Month	Total for 2008
Father/Legal Guardian's Expected 2008 Income			
Mother/Legal Guardian's Expected 2008 Income			
Student's Expected 2008 Income			
Spouse's Expected 2008 Income			
Other Expected Income			
Other Expected Income			
Grand Total			

B. Medical/Dental Expenses

Explanation of Expenses (only <u>uninsured</u> medical and dental expenses; do not include health insurance premiums)	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

