2009 - 2010

REQUEST FOR APPEAL

CONSIDERATION FOR SPECIAL CIRCUMSTANCES

FOR JOB LOSS, EXCESSIVE MEDICAL AND DENTAL EXPENSES, ETC.

PLEASE PRINT LEGIBLY IN INK.

STUDENT'S LAST NAME *(LEGAL NAME)*	FIRST NAME	MI

STUDENT ID#	E-MAIL ADDRESS	BEST CONTACT PHONE NUMBER

Submit this form if the information on your 2009-2010 FAFSA does not accurately reflect your current financial situation because you, your spouse, or your parent has recently experienced a significant reduction in income or has experienced an extraordinary expense. If you require additional space, please attach a separate page. (Check A, B, or C, complete that section, and attach all applicable documentation.)

ATTACH the following documentation:

1. A detailed typed explanation of your special circumstances, including dates and dollar amounts.
2. 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. A copy of the student's and the student's spouse's (if student is married) 2008 W-2 Form(s) and SIGNED 2008 Federal Tax Return (including all applicable tax schedules).
4. If student is a dependent, a copy of the parent's 2008 W-2 Form(s) and SIGNED 2008 Federal Tax Return (including all applicable tax schedules).

☐ **A. Projected Income for 2009**

Please provide information regarding income expected to be earned in 2009 on the table below.

Projected 2009 Income ***(Jan. 1, 2009 - Dec. 31, 2009)***	**Source**	**Average per Month**	**Total for 2009**
Father's Expected 2009 Income			
Mother's Expected 2009 Income			
Student's Expected 2009 Income			
Spouse's Expected 2009 Income			
Other Expected Income			
Other Expected Income			
Grand Total			

☐ **B. Medical/Dental Expenses**

Explanation of Expenses *(only uninsured 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	**Date of Birth**	**Relationship to Student**	**Name of Care Provider**	**Monthly Amount**

☐ **D. Other** ______________________________

ATTACH the following documentation:

1. A detailed typed explanation of your special circumstances, including dates and dollar amounts.
2. 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.

ATTACH THE FOLLOWING DOCUMENTS TO THIS APPEAL:

☐ 1. A detailed typed explanation of your special circumstances, including dates and dollar amounts.

☐ 2. All 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. A copy of the student's and the student's spouse's (if student is married) 2008 W-2 Form(s) and SIGNED 2008 Federal Tax Return (including all applicable tax schedules).

☐ 4. If student is a dependent, a copy of the parent's 2008 W-2 Form(s) and SIGNED 2008 Federal Tax Return (including all applicable tax schedules).

CERTIFICATION STATEMENT:

PLEASE NOTE: REQUESTS RECEIVED WITHOUT A WRITTEN EXPLANATION OR SUPPORTING DOCUMENTS WILL BE RETURNED WITHOUT CONSIDERATION. By signing, you certify that neither you nor your parent(s) have purposely provided false or misleading information. If you are appealing based on projected year income for 2009, you may be responsible for repaying any financial aid awarded to you if your actual 2009 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 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'S SIGNATURE *(if student is a dependent)*

__________ DATE

FOR OFFICE USE ONLY

☐ Approved ☐ Denied ☐ Type of Adjustment ______________________________

Comments: ______________________________

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FAO SIGNATURE ______________________________ **DATE** __________

Rev. 02/09 md

Please Return Completed Form with SIGNED Copies of Your Federal Tax Returns with All Tax Schedules, and W-2 Forms to Your PLNU Regional Center:

PLNU Arcadia
225 E Santa Clara St.
Arcadia, CA 91006
Phone: 626.821.8240
Fax: 626.821.8249

PLNU Bakersfield
5080 California Ave., Ste. 104
Bakersfield, CA 93309
Phone: 661.321.3482 or 3484
Fax: 661.321.3489

PLNU Inland Empire
1255 Magnolia Ave, Ste. 101
Corona, CA 92879
Phone: 951.273.7568
Fax: 951.735.0072

PLNU Mission Valley
4007 Camino del Rio S., Ste. 102
San Diego, CA 92108
Phone: 619.563.2845 or 2849
Fax: 619.563.2898