

Financial Aid Appeal

Student Name: _____ CMSV ID or SSN: _____

Reason for the Appeal: _____

If your appeal is the result of a loss of income in 2011, you must complete the additional information listed below. If your FAFSA was selected for the Federal Verification process, you must first provide copies of your and your parent's (if appropriate) 2010 Federal Income Tax return and the appropriate verification worksheet.

1) Family member(s) incurring the loss of income:

Name	Relationship to student

2) Reason for the loss of income (circle all that apply):

a) Unemployment or change in employment	b) Divorce/separation
c) Death of a wage earner; if so who	
d) Other (please explain):	

3) If you answered reason(s) a, b, c. or d, provide the following information:

For the 2011 year (Jan. 2011 – Dec. 2011)

Estimated 2011 Income

Estimated 2011 Untaxed Income

Income earned from work (include income from wages, severance pay or disability payments):	\$	Child Support:	\$
Unemployment compensation:	\$	Untaxed Portion of Pension	\$
Other taxable income:	\$	Other Untaxed Income:	\$
Total Taxable Income:	\$	Total Untaxed Income:	\$

4) Did you/your family incur unreimbursed medical expenses in 2010. If so, what was the amount not covered by insurance:
 \$ _____

Signature _____ Date _____

Financial Aid Appeal
