

**APPEAL FOR
CONSIDERATION
FOR ADDITIONAL
FEDERAL
ASSISTANCE**



SUNY BROCKPORT

Office of Financial Aid

DEPENDENT
DO NOT COMPLETE PRIOR
TO MAY 16, 2008
(Unless condition #4 applies)

NAME: _____ ID/SSN: _____ DATE: _____

The Financial Aid Office at SUNY Brockport realizes that students and their families experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for additional funding as a result of these expenses or unusual circumstances.

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WILL RESULT IN THE RETURN OF THE APPEAL.

SECTION A – Please check all conditions that apply and **submit all documentation for each condition after the change or reduction occurs.**

<u>CONDITIONS</u>	<u>DOCUMENTATION REQUIRED</u>
_____ 1. Student Transportation Expenses*	<ul style="list-style-type: none"> • Letter indicating mileage per week, the reason for travel, the frequency of travel, and the semester(s). (attach copy of mapquest)
_____ 2. Parent Income Reduction or Loss/Benefit Reduction or Loss (For example: Unemployment Compensation, Welfare, TANF, etc.)	<ul style="list-style-type: none"> • Letter of explanation. • Letter from employer stating reason and date of status change or copy of benefit termination or reduction notice. (Include a 2008 benefit statement to date.) If self-employed and a reduction, contact our office. • Copies of last 2008 pay stub(s) as of today for each job held in 2008. • COMPLETE EXPECTED INCOME WORKSHEET – SECTION B. • COMPLETE SECTION C (signatures).
_____ 3a. Child Support Loss or Reduction _____ 3b. SSI/Social Security Loss or Reduction	<ul style="list-style-type: none"> • Send notice of reduction/loss or court order and indicate totals received for calendar years 2007 and 2008. Documentation should list applicable parties involved. • Total gross amount for 2007 \$ _____ • Total gross amount for 2008 \$ _____ • COMPLETE SECTION C (signatures).
_____ 4. Parent widowed, divorced or separated since applying for federal aid for 2008-2009.	<ul style="list-style-type: none"> • Letter of explanation. Include the date of the marital status change. • Copy of divorce decree/separation papers (if available) or copy of death certificate. • Copies of last 2008 pay stub(s) as of today for each job held in 2008. DO NOT INCLUDE ANY INCOME FROM SPOUSE. • COMPLETE SECTION B. INCLUDE ANY SUPPORT PAYMENTS RECEIVED FROM DIVORCED OR SEPARATED SPOUSE OR LIFE INSURANCE PAYMENTS FOR DECEASED SPOUSE. • COMPLETE SECTION C (signatures).
_____ 5. Parent enrolled in college at least half-time as a matriculated degree student at a Title IV eligible institution.	<ul style="list-style-type: none"> • I, _____ (parent's name), will be enrolled at least half-time as a matriculated degree student. • List ALL family members who are enrolled in college at least half-time in a matriculated degree program (use additional sheet if necessary): Name: _____ College: _____ Name: _____ College: _____ Name: _____ College: _____ • COMPLETE SECTION C (Signatures).
_____ 6. Other: (ie., books/supplies in excess of \$500 per semester, required health insurance, etc.)	<ul style="list-style-type: none"> • Submit detailed letter explaining your situation with supporting documents. • Check here if you are a Nursing student: _____

* Denotes that only additional loan funds may possibly be awarded.

Deadline: March 13, 2009

D01 (12/14/07)

SECTION B: EXPECTED 2008 PARENT INCOME WORKSHEET (To be completed only if you checked condition numbers 2 or 4).

INSTRUCTIONS: Please complete this page using parent/stepparent income expected for 2008. **We cannot assume a blank line to mean "0" or "none". Place the appropriate answer on each line.** If filing this form for number 4 in Section A, USE YOUR CUSTODIAL/SURVIVING PARENT INCOME ONLY.

I. 2008 GROSS Income from January 1, 2008 to Today (___ / ___ / ___): TOTALS (Gross)

A. **Taxed income earned from work by:**

Mother (Stepmother)*Year-to-date Pay Stub = \$ _____ (Gross)

Father (Stepfather)*Year-to-date Pay Stub = \$ _____ (Gross)

B. **Other taxable income: Circle all that apply:** \$ _____
 Unemployment compensation, taxed disability, business/farm income, alimony, insurance benefits paid to family.

C. **Non-taxable income:** Social Security \$ _____
 Temporary Assistance to Needy Families (TANF) \$ _____
 All other income and benefits that do not appear on your federal tax return-Circle all that apply: (child support, other support payments, payments made to tax-deferred pensions and savings plans like 401(k) and 403(b) plans, earned income credit, workers compensation, etc.) \$ _____

II. Anticipated GROSS Income From Today (___ / ___ / ___) to December 31, 2008:

A. **Taxed income earned from work by:**

Mother (Stepmother) \$ _____ (Gross)

Father (Stepfather) \$ _____ (Gross)

B. **Other taxable income: Circle all that apply:** \$ _____
 Unemployment compensation, taxed disability, business/farm income, alimony, insurance benefits paid to family.

C. **Non-taxable income:** Social Security \$ _____
 Temporary Assistance to Needy Families (TANF) \$ _____
 All other income and benefits that do not appear on your federal tax return-Circle all that apply: (child support, other support payments, payments made to tax-deferred pensions and savings plans like 401(k) and 403(b) plans, earned income credit, workers compensation, etc.) \$ _____

III. **Total Expected 2008 Gross Income** (Section I + Section II = Total for Section III). \$ _____

SECTION C: CERTIFICATION STATEMENT--The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the SUNY College at Brockport Financial Aid Office of any error or omission. I understand that failure to comply with this agreement could result in forfeiture of financial aid for the student.

_____	_____
STUDENT SIGNATURE	DATE
_____	_____
PARENT SIGNATURE	DATE

Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.

Office Use Only:

I: APPROVE ENTER JO1A ON RRAAREQ DISAPPROVE

Rational: _____

Advisor: _____ Date: _____