



## **Santa Clara University Financial Aid Office 2019-2020 Financial Aid Appeal for Reconsideration**

### **Purpose of Form**

Through the Higher Education Act, Santa Clara University Financial Aid Office has been granted the authority to exercise professional judgment to account for a student's special circumstances that differentiate his/her current financial or family situation from that reported on the 2019-2020 Free Application for Federal Student Aid (FAFSA). By submitting the Financial Aid Appeal for Reconsideration form, a student is requesting consideration for a specific change in his/her financial or family's circumstances.

**NOTE: In most cases, approved appeals will only result in a change to your federal and/or state financial aid.**

### **General Instructions**

The situations listed on this form are those situations that the Santa Clara University Financial Aid Office will review for possible changes in financial aid eligibility.

If you were selected to complete verification, this must be completed before we can exercise professional judgement.

In most cases, you may be required to provide tax return transcripts and/or documentation for verification purposes.

**NOTE: You must complete the 2019-2020 Free Application for Federal Student (FAFSA) for any consideration.**

In addition to completing the 2019-2020 Free Application for Federal Student Aid (FAFSA), Financial Aid Appeal for Reconsideration form and providing the proper documentation(s), you must also submit a detailed statement to explain the change in your financial or family's circumstances.

Adjustments to a financial aid award as a result of submitting an Appeal for Reconsideration are neither guaranteed nor immediate and depend upon the availability of funding. Forms received without the appropriate signature(s) or missing information are considered incomplete and will not be reviewed.

We will send notification of the outcome of your appeal once the review is complete.

**Santa Clara University Financial Aid Office**  
**2019-2020 Financial Aid Appeal for Reconsideration**

Print Full Name (as it appears on your campus student records)	Campus/Student Identification Number
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**Appeals approved for these reasons may result in changes to Federal, State, or University aid eligibility.**

<b>Reason for Appeal</b>	<b>Required Documentation</b>
<input type="checkbox"/> <b>Loss of Employment</b>	<ul style="list-style-type: none"> <li>✓ A letter from your former employer on company letterhead detailing your termination, reason for separation, and amount of any benefits or severance pay</li> <li>✓ Copy of most recent pay stub with year-to-date gross earnings</li> <li>✓ Unemployment benefit or denial letter</li> </ul>
<input type="checkbox"/> <b>Reduction of employment/income</b>	<ul style="list-style-type: none"> <li>✓ A letter from employer on company letterhead detailing your reduction of time, date reduction began, and reason for reduction</li> <li>✓ Copy of most recent pay stub with year-to-date gross earnings</li> </ul>
<input type="checkbox"/> <b>Excessive medical or dental expenses</b>	<ul style="list-style-type: none"> <li>✓ Documentation (e.g., receipts for co-pays, doctor bills, hospital bills, prescription bills, etc.) detailing the out-of-pocket expenses not covered by insurance</li> <li>✓ Copy of most recent pay stub with year-to-date gross earnings</li> </ul>
<input type="checkbox"/> <b>Death of parent or spouse after filing the FAFSA</b>	<ul style="list-style-type: none"> <li>✓ A copy of death certificate or obituary</li> <li>✓ Copy of most recent pay stub with year-to-date gross earnings</li> <li>✓ A statement regarding value of life insurance payment(s)</li> </ul>

☐ **Divorce or separation after filing the FAFSA**

- ✓ A copy of the divorce or separation agreement
- ✓ A signed statement to explain change in marital status, including all relevant dates such as date of divorce or separation and date moved into separate residences
- ✓ Documentation of living in separate residence (e.g., utility bills, lease, etc.)
- ✓ Copy of most recent pay stub with year-to-date gross earning

**Taxable income expected to be earned from January 1, 2019 through December 31, 2019**

	Student	Parent 1	Parent 2
Income	\$	\$	\$
Severance Compensation	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Interest/Dividend Income	\$	\$	\$
Other Taxable Income	\$	\$	\$

**Untaxable income expected to be earned from January 1, 2019 through December 31, 2019**

	Student	Parent 1	Parent 2
Payments to Retirement	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support Received	\$	\$	\$
Welfare Benefits	\$	\$	\$
Veterans Benefits	\$	\$	\$
Other Untaxed Income	\$	\$	\$

**As of today, total balance of accounts**

	Student	Parent 1	Parent 2
Cash	\$	\$	\$
Checking and Savings	\$	\$	\$

**Additional Information - Please be specific and use additional pages if necessary**

This image shows a full page of white paper with horizontal grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.

**Certification Statement-**

**By signing below, I/We certify that:**

I/We understand that the submission of an appeal does not release the student from obligation of staying current with Santa Clara University.

I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Bursar's Office, Office of the Registrar, and Santa Clara University.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge.

I/We understand that completing this form does not guarantee financial aid will be increased.

I/We understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future quarters and/or academic years.

Print Full Name (as it appears on your campus student records)	Campus/Student Identification Number
Print Full Mailing Address (Number, Street, City, State, Zip Code)	Email Address
	Phone Number
Signature	Date

Print Parent's Full Name	
Parent's Signature	Date
Parent's Email	Parent's Phone Number