

FINANCIAL AID APPEAL

If you would like your 2009–2010 financial aid application to be re-evaluated based on your extenuating circumstances, complete all applicable sections of this form. Mail the completed form to the address at the bottom of the next page or fax it to (585) 343-6726.

1 Social Security # --

2 Name _____
Last, First, Middle Initial

3 If your parents' or your own marital status has changed because of separation, divorce or death, please describe that change below and attach documentation to verify the change.

4 If you or your family had extraordinary medical expenses in 2008, state the actual amount of un-reimbursed medical expenses (including your family's portion of insurance premiums) that was paid for all family members in 2008, and attach documentation that verifies your statement. If you or your family will have extraordinary medical expenses in 2009, estimate the total un-reimbursed medical expenses (including your family's portion of insurance premiums) that will be paid for all family members, and attach documentation that verifies your estimate.

Actual 2008 un-reimbursed medical expenses \$ _____

Estimated 2009 un-reimbursed medical expenses \$ _____

5 Explain the nature of extraordinary medical expenses

6 If your parents have unusually high living expenses or debts, provide a brief explanation and attach a breakdown of their monthly expenses. Indicate how they are currently meeting their financial obligations. (Expenses for consumer debts generally cannot be allowed in the calculation of financial aid eligibility.)

7 If you are a dependent student who would like to be considered independent, attach the following documentation. **No adjustment will be considered if no documentation is attached.**

- Attach a letter stating your extenuating circumstances or reasons why you believe that you should be considered an independent student for purposes of receiving federal financial assistance. At minimum, discuss such issues as your emancipation from your parents, your residency, your self-sufficiency, and your financial resources for 2008–2009 and projected 2010. Your letter should indicate why you cannot return to your parents' home. Living in a separate dwelling does not remove parental responsibility in filing federal financial aid applications, nor does a parent's refusal to complete necessary forms. Make sure you include a list of all anticipated 2009 income.
- Attach a letter from a person other than a relative (such as a member of the clergy, social worker, legal aid representative, school counselor, or an official at the facility that has accepted responsibility for your care) relating to your family circumstances. This statement must include the specific reasons for relinquishment of parental responsibility and control. The person making the statement should include their relationship to you and how that person has direct knowledge of your family circumstances.

- 8 If your or your parents' expected 2009 income will be lower than it was in 2008, fill out the chart below. Do not leave any lines blank. Enter "0" if appropriate. If we are able to change your award based on estimated income, we will request verification of your 2009 income during the spring 2010 semester. At that point, we may revise your award based on the accuracy of your 2009 estimates.

Estimated 2009 income (earned 1/1/09–12/31/09)	Mother	Father	Student	Spouse
Taxable income				
Wages, salaries, tips	\$ _____	\$ _____	\$ _____	\$ _____
Severance pay	\$ _____	\$ _____	\$ _____	\$ _____
Unused vacation or holiday pay	\$ _____	\$ _____	\$ _____	\$ _____
Distributions from retirement accounts	\$ _____	\$ _____	\$ _____	\$ _____
Pensions	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Business or farm income or loss	\$ _____	\$ _____	\$ _____	\$ _____
Rental income or loss	\$ _____	\$ _____	\$ _____	\$ _____
Other taxable income source _____	\$ _____	\$ _____	\$ _____	\$ _____
Untaxable income				
Child support	\$ _____	\$ _____	\$ _____	\$ _____
AFDC/ADC	\$ _____	\$ _____	\$ _____	\$ _____
Other welfare benefits	\$ _____	\$ _____	\$ _____	\$ _____
Personal contributions to retirement accounts	\$ _____	\$ _____	\$ _____	\$ _____
Other untaxed income source _____	\$ _____	\$ _____	\$ _____	\$ _____
Total 2009 income (sum of all lines)	\$ _____	\$ _____	\$ _____	\$ _____

- 9 Explain the reason for your reduced income. **Do not leave this question blank.**

We can only make adjustments when there are exceptional changes in a family's financial circumstances. Not every appeal results in a student receiving additional financial aid.

- 10 Student's signature _____ Date ____/____/____
- 11 Parent's signature _____ Date ____/____/____
- 12 Spouse's signature (if married) _____ Date ____/____/____



Affirmative Action

In accordance with federal regulations, the New York State Human Rights Law, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, Genesee Community College does not discriminate on the basis of age, race, color, creed, gender, religion, marital status, veteran status, national origin, disability, or sexual orientation in educational programs, activities, admissions, or employment.

Genesee Community College Financial Aid Office | One College Road, Batavia, New York 14020 | (585)345-6900 | www.genesee.edu/finaid