

Financial Aid Office
**Request for Review of Financial Need
Appeal**

INSTRUCTIONS

The Financial Aid Office is granted authority by federal law (Public Law 102-325, Sec 479(A)) " . . . on the basis of adequate documentation, *to make adjustments on a case by case basis* to the cost of attendance or the values of the data items required to calculate the expected student or parent contribution (or both) *to allow for treatment of an individual eligible applicant with special circumstances*. However, this authority shall not be construed to permit aid administrators to deviate from the contributions expected in the absence of special circumstances. *Special circumstances shall be conditions that differentiate an individual student from a class of students* "

Special Circumstances

The Financial Aid Office MAY be able to adjust your data items required to determine your family contribution (i.e., EFC) and your financial need if special circumstances exist that affect your ability to pay for the cost of education. Examples of special circumstances are: emergency medical and dental expenses; unforeseen & emergency related expenses that occur beyond your control; unforeseen reduction in income or benefits. If your family situation involves a special circumstance such as those described above, you may request for a review of your financial need status.

Required Documentation

In order for our office to consider your request for a review of your financial need status, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms listed below.

- *A personal Statement of explanation,*
- *Completion of Student and/or Parent (s) Statement of Income Reduction and/or Benefits*

In addition, you must provide the required documents that support the type of situation you are requesting for review of your financial need. The required forms are attached.

**SUBMIT ATTACHED FORMS AND PERTINENT DOCUMENTS TO THE FINANCIAL AID OFFICE
LOCATED ON THE FIRST FLOOR OF THE DR. LUCIO C. TAN STUDENT SUCCESS CENTER, ROOM 135.
STUDENTS WILL RECEIVE A RESPONSE TO THEIR REQUEST TWO WEEKS AFTER THE PUBLISHED
DEADLINES FOR REVIEW OF FINANCIAL NEED**

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Projected Year Income/Benefits (Income Reduction)

REQUIRED SUPPORTING DOCUMENTATION FOR APPLICABLE SITUATION	
PROJECTED YEAR INCOME/BENEFITS	DOCUMENTATION
Unemployment	<ul style="list-style-type: none"> • Statement from Employer <ul style="list-style-type: none"> ○ State last date of employment ○ Provide current year-to-date earnings for current year. • Unemployment Agency Certification. <ul style="list-style-type: none"> ○ Indicate start date of benefit ○ Indicate monthly benefit amount
Death of spouse	<ul style="list-style-type: none"> • Death Certificate
Disability of student	<ul style="list-style-type: none"> • Physician Statement • Agency Certification <ul style="list-style-type: none"> ○ Indicate date benefit started ○ Indicate monthly benefit amount
One-Time income and/or benefits received in 20_____	<ul style="list-style-type: none"> • Agency Certification <ul style="list-style-type: none"> ○ Indicate date benefit started ○ Indicate monthly benefit amount

ALL REQUIRED FORMS MUST BE COMPLETELY FILLED OUT AND DOCUMENTATION SUBMITTED BEFORE REQUESTING TO SCHEDULE AN APPOINTMENT WITH A FINANCIAL AID ADVISOR.

In compliance with federal regulations, the UOG Financial Aid Office reserves the right to request additional information to clarify conflicting application data.



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STUDENT INFORMATION

Student Last Name Student First Name UOG Student ID Phone Number

**PERSONAL STATEMENT OF EXPLANATION
For Review of Financial Need Status**

Please print legibly with either a black or blue inked pen or type your statement. Your statement should explain why you feel the Financial Aid Office should make an adjustment to your financial need status.

If you need additional space, please continue on the back of this form or attach a separate letter.

I, hereby, certify that the above statement is true, complete, and accurate.

Student Signature: _____ Date: _____

Parent MUST sign only if the change in parent’s financial situation is the basis for this request.

Parent Signature: _____ Date: _____



Financial Aid Office Request for Review of Financial Need Appeal

STUDENT STATEMENT OF INCOME REDUCTION AND/OR BENEFITS
STUDENT INFORMATION

Student Last Name	Student First Name	UOG Student ID	Primary Contact Number
Secondary Contact Number	Date of Birth	Expected Graduation Date	Last 4 digits of your Social Security Number

This section is to be completed by student ONLY IF the STUDENT'S financial situation is the basis for this request. <u>Incomplete forms WILL NOT be reviewed!</u>			
1. Amount received in income and/or benefits in 20_____ Attach copy of federal income tax return (1040, 1040A, 1040EZ etc....)	\$		
2. Select the appropriate situation:			
Unemployment since	Month:	Date:	Year:
Death of Spouse	Month:	Date:	Year:
Disability of student	Month:	Date:	Year:
One-time income and/or benefit received in 20_____			
Type of Income/Benefit:		Used For:	
3. Amount anticipated under income and/or benefits for 20_____ Note: Complete table below. Documentation is required (i.e., Tax Return, last paystub, unemployment documentation).			
Anticipated			
Type of Income/Benefits	Monthly Amount	Annual Amount	
	\$	\$	
	\$	\$	
	\$	\$	

I, hereby, certify that the above information is true, complete, and accurate.

Student Signature: _____ Date: _____



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Parent(s) STATEMENT OF INCOME REDUCTION AND/OR BENEFITS
STUDENT INFORMATION

Student Last Name	Student First Name	UOG Student ID	Primary Contact Number
Secondary Contact Number	Date of Birth	Expected Graduation Date	Last 4 digits of your Social Security Number

This section is to be completed by parent ONLY IF the PARENT'S financial situation is the basis for this request. Incomplete forms WILL NOT be reviewed!

1. Amount received in income and/or benefits in 20_____ Attach copy of federal income tax return (1040, 1040A, 1040EZ etc....)	\$	
2. Select the appropriate situation:		
Unemployment since	Month: _____ Date: _____ Year: _____	
Death of Spouse	Month: _____ Date: _____ Year: _____	
Disability of student	Month: _____ Date: _____ Year: _____	
One-time income and/or benefit received in 20_____		
Type of Income/Benefit:	Used For:	
3. Amount anticipated under income and/or benefits for 20_____ Note: Complete table below. Documentation is required (i.e., Tax Return, last paystub, unemployment documentation).		
Anticipated		
Type of Income/Benefits	Monthly Amount	Annual Amount
	\$	\$
	\$	\$
	\$	\$

I, hereby, certify that the above information is true, complete, and accurate.

Parent Signature: _____ Date: _____