



Office of Financial Aid

900 N Grand Ave., Suite 61562, Sherman TX 75090

Phone: 903/813-2900 Fax: 903/813-3198 Email: finaid@austincollege.edu

Financial Aid Appeal Form 2021-22

Student's Name

Austin College ID #

Student Email

Student Phone #

Parent Email

Parent Phone #

This application may be completed if your family's financial situation has significantly changed from the previous calendar year. Federal regulations provide financial aid administrators at colleges and universities the authority to make adjustments to the information provided on the FAFSA when special circumstances exist. Such circumstances may include the loss of employment or reduced income, separation or divorce, the death of a parent/spouse, unusually high medical expenses, natural disasters, or the inflation of the income reported on the FAFSA by a one-time event. Results of an appeal may vary from school to school as these are based on the professional judgement by a financial aid administrator.

Please note personal expenses such as the following are NOT eligible reasons to file an appeal: high mortgage costs, high credit card/consumer debt or purchase of a new vehicle.

Once your FAFSA has been processed, our office can review your appeal request. If you have not already filed a FAFSA, please complete the on-line application at www.fafsa.gov as soon as possible.

All applications must include the following:

1. All 2019 & 2020 W-2s for parent and student (**student and spouse, if independent**)
2. **Signed** copy of 2019 tax return with all schedules for parent and student
3. **Signed** copy of 2020 tax return with all schedules for parent and student, if you have already filed your 2020 taxes
4. Completed and **signed** Number in Household form
5. Signed letter explaining the circumstances you are appealing
6. Additional documentation relative to your particular circumstance (more details on next page)



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Separation/Divorce – answer questions and submit required documents

Name of Parent of Record (please print the name of the parent whose information will remain on the FAFSA)

_____ Date of Separation/Divorce: _____

- Court documentation verifying legal separation or divorce
- Copy of 2020 W-2(s) or latest pay stub (in order to divide out income)

Medical

- 2019 and 2020 Schedule A (from federal tax return) – receipts not necessary

OR

- 2019/2020 copies of medical bills
 - 2019/2020 summary from your pharmacy
 - 2019/2020 summaries from doctors/hospitals/insurance showing yearly totals
- Documents need to be sorted and submitted by patient (if more than one family member) and in chronological order. Duplicate receipts, documents not dated or dated outside the academic year will not be accepted.**

Death of parent/spouse Name: _____

- Copy of death certificate
- Copy of latest paycheck stub for surviving parent/spouse
- Copy of billing statement from funeral home verifying expenses not covered by insurance
- Was this parent/spouse's income information on the FAFSA?

One-time payment

- Signed letter from parent explaining the one-time payment or reason for withdrawal
- Copy of bills paid using the withdrawal or onetime payment
- Copy of account verifying the IRA rollover

Loss of Income/Reduction in Income

- Signed letter from parent explaining circumstances surrounding the loss or reduction of income
 - Include **family's estimated 2021 income** in letter
- Copy of termination letter
- Copy of **last** pay stub that includes **year to date income AND severance received**
- Copy of unemployment benefits
- Copy of any other benefits received (retirement, disability, etc.)
- Copy of most recent pay stub (if **NEW** employment or working more than one job)



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Other

Natural Disaster/Occurrence

Letter including the **date of disaster or natural occurrence**

Proof of disaster or natural occurrence effect on the family (may include bills, repairs, insurance claims, etc.)

OR

Signed letter from parent explaining why they request the Office of Financial Aid to review student's financial aid eligibility

Supporting documents for request

Certification, Authorization and Signatures

Under penalty of perjury, I certify that the information on this form is true and correct to the best of my knowledge and belief. I understand that if I underestimate my income, I may lose eligibility for future aid and/or have to repay financial aid. Furthermore, I understand that providing false or misleading information in an attempt to obtain federal student financial aid is an act of fraud, punishable by a fine up to \$20,000 and/or incarceration. I understand that I must provide all the requested supporting documentation listed on this form, and failure to do so will result in a denial of my appeal.

By signing this form I also authorize the staff of the Office of Financial Aid, at Austin College, to correct my 2021-2022 FAFSA application.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(if student is dependent)

Spouse's Signature: _____ Date: _____

(if student is married)