

Financial Aid Appeal - Loss of Income and/or Benefits

Please check below the reason that best meets your condition for appeal:

1. **Loss of Employment**

Name of person whose employment has ceased: _____

Person's relationship to student: _____

Date employment ceased: _____

Documentation Required:

- **Letter confirming involuntary termination of your employment and date employment ceased or proof of unemployment benefits.**
- **Verification documents listed on the front of this form.**

2. **Loss of Benefits**

Name of person losing the benefit: _____

Person's relationship to student: _____

Type of benefit that was lost: _____

Date the benefit was lost: _____

How much of the benefit was lost: _____

Documentation Required:

- **A copy of a letter from the agency that provided benefits, detailing when the benefits were lost and how much was lost.**
- **Verification documents listed on the front of this form.**

3. **Retirement**

Name of person retiring: _____

Person's relationship to student: _____

Date retirement becomes effective: _____

Documentation Required:

- **Copy from employer stating the date of your retirement.**
- **Statement from employer if severance pay was awarded and how much was granted.**
- **Verification documents listed on the front of this form.**

4. **Loss of Income Due to Separation or Divorce**

If a Dependent Student

Name of custodial parent: _____

Date of separation or divorce: _____

What is the **monthly** amount of support that the custodial parent will receive for living expenses from the non-custodial parent? _____

What is the **monthly** amount of child support that will be paid to the custodial parent? _____

Documentation Required:

- **Proof of separate address from non-custodial parent.**
- **Verification documents listed on the front of this form.**
- **Copy of Judicial Decree to verify that your parents are legally separated.**

If an Independent Student

Name of spouse : _____

Date of separation or divorce: _____

What is the **monthly** amount of support that the student will receive from his/her separated or divorced spouse? _____

What is the **monthly** amount of child support you will receive? _____

Documentation Required:

- **Proof of separate address from separated or divorced spouse.**
- **Verification documents listed on the front of this form.**
- **Copy of Judicial Decree to verify that you are legally separated.**