

2022-2023 FAFSA Appeal Form

Student Name:	Student ID:
Students and parents may use this form to request an appeal of student circumstances not addressed on the student's 2022-2023 FAFSA. Our reported on the FAFSA to re-calculate the FAFSA EFC (expected fam reviewed on a case-by-case basis. Submitting an appeal does not guara	appeals committee may elect to adjust the data ily contribution) number. All appeals are
Appeal Policies:	
 You must be admitted to Regis University and have a 2022-20 appeal All other required items, including verification, must be compounded and supporting documentation should not exceed 20. Additional documentation may be requested via email before. Please allow 15-20 business days for initial processing after a Appeals may not result in additional scholarship and grants. Appeals are determined on an annual basis and will not carry. Certain situations will not be considered for an appeal, such a payments, cost of living and other discretionary costs. 	plete before an appeal will be reviewed pages in length the results of your appeal can be determined ll required documentation has been received over to future years
2021 REDUCTION OF INCOME	
Must provide the following documentation:	
 2020 and 2021 w-2's Signed copy of full 2020 federal tax return Signed copy of full 2021 federal tax return Letter of explanation detailing the loss of income and mean 	s of financial support
2022 REDUCTION OF INCOME (January 1, 2022 - 1	present)
Our office will review current losses of income on a case by case bas	sis, based on the documentation provided.

If reduction in income is due to a change in job, you must provide the following documentation:

2021 w-2's

- Signed copy of full 2021 federal tax return
- 2022 year-to-date paystub from prior job and at least 2 current year-to-date paystubs from current job

If reduction in income is due to a loss of a job, we will not review an appeal <u>until 2-3 months after the job loss</u> to assess what unemployment or other benefits may be applicable, or determine if a new job is acquired, particularly if the job loss occurs early in 2022.

You must provide the following documentation:

- 2021 w-2's
- Signed copy of full 2021 federal tax return
- 2022 year-to-date paystub from previous employer(s)

- Separation letter from employer
- Documentation of severance and/or unemployment benefits
- Letter of explanation detailing the loss of income and means of financial support for the remainder of the year. Include figures for reference in the table below:

2022 Loss of Income Table

	Parent OR Student Name	Student OR Spouse Name
Estimated total of gross income from work Include YTD pay and severance pay	\$	\$
Other taxable income (alimony, unemployment benefits, investments/distributions, other)	\$	\$
Nontaxable income (child support received, Annuities, pension distributions, other)	\$	\$

2020 ONE TIME INCREASE IN ADJUSTED GROSS INCOME

(Including one-time IRA or pension distributions)

Must attach a letter of explanation and include the following:

- Signed copy of full 2020 federal tax return
- Signed copy of full 2021 federal tax return
- Explanation of how the increase in AGI was used as a one-time distribution

LOSS/REDUCTION OF CHILD SUPPORT RECEIVED

Must attach a letter of explanation and include the following:

• Copy of child support agreement confirming end date of child support

Name of child(ren)	Age	Last date and total amount received

DIVORCE-SEPARATION-DEATH OF SPOUSE or PARENT



Must attach a letter of explanation and include the following:

- Date of divorce, separation or death of spouse or parent
- Monthly child support and/or alimony that will be received in 2022
- Copy of legal separation, divorce decree or death certificate
- Full 2021 tax return and 2021 w-2's for both parents and/or student and spouse

MEDICAL EXPENSES PAID IN 2021 OR 2022

Only amounts paid in one tax year may be considered. We will not make any changes based on upcoming

procedures or unpaid expenses.



Must attach a letter of explanation and include the following:

- Signed copy of full 2021 federal tax return
- Date(s) of service and name of family member associated with the service
- Name of medical provided (doctor, dentist, hospital, pharmacy)
- Total costs of service, amount not covered by insurance, amount and date you paid (use the table below and attach additional pages, if needed. You must also provide documentation for each line item.

MEDICAL EXPENSES

Date of Service and Name of Family Member	Name of Medical Provider	Total Cost of Service	Amount Not Covered	Amount/Date You Paid
TOTALS:				

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT UNDERESTIMATING OR INACCURATELY PROJECTING INCOME COULD RESULT IN THE OFFICE OF FINANCIAL AID DENYING CURRENT OR FUTURE APPEALS.

STUDENT SIGNATURE	DATE	
PARENT NAME	PARENT SIGNATURE (dependent student's only)	DATE