

2021-2022 FAFSA Appeal Form

Student Name: _____ Student ID: _____

Students and parents may use this form to request an appeal of student aid eligibility because of extenuating circumstances not addressed on the student's 2021-2022 FAFSA. Our appeals committee may elect to adjust the data reported on the FAFSA to re-calculate the FAFSA EFC (expected family contribution) number. All appeals are processed on a case-by-case basis.

Appeal Policies:

- You must be admitted to Regis University and have a 2021-2022 FAFSA on file prior to submitting an appeal
- All other required items, including verification, must be complete before an appeal will be reviewed
- Appeals and supporting documentation should not exceed 20 pages in length
- Appeals may not result in additional scholarship and grants
- Appeals are determined on an annual basis and will not carry over to future years
- Additional documentation may be requested before the results of your appeal can be determined
- Please allow **15-20** business days for initial processing after all required documentation has been received
- Certain situations **will not** be considered for an appeal, such as: car payments, credit card debt, mortgage payments, cost of living and other discretionary costs.

2020 REDUCTION OF INCOME

Must provide the following documentation:

- 2019 and 2020 w-2's
- Signed copy of 2019 federal tax return
- Signed copy of 2020 federal tax return
- Letter of explanation detailing the loss of income and means of financial support

2021 REDUCTION OF INCOME (January 1, 2021 - present)

Our office will review current losses of income on a case by case basis, based on the documentation provided.

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

- 2020 w-2's
- Signed copy of 2020 federal tax return
- 2021 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, you must provide the following documentation:

- 2020 w-2's
- Signed copy of 2020 federal tax return
- 2021 year-to-date paystub from prior job
- 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:**

2021 Loss of Income Table

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

PRIVATE ELEMENTARY, MIDDLE OR HIGH SCHOOL TUITION

(Tuition expenses incurred by dependent children who are attending private school during 2021-2022 academic year)

Must attach a letter of explanation including the following:

- Copy of tuition bill, annual agreement or contract
- Amount of financial aid received from the school (if applicable)

Name of private school	Name of Student(s)	Tuition Amount(s)

2019 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 2019 federal tax return
- Signed copy of 2020 federal tax return
- Explanation of how the increase in AGI was used and confirmation it was 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 2021
- Copy of separation, divorce decree or death certificate
- 2019 tax return and 2019 w-2's for both parents and/or student and spouse

MEDICAL EXPENSES PAID IN 2020 OR 2021

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 2020 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 EXPENSES COULD RESULT IN THE OFFICE OF FINANCIAL AID NOT PROCESSING THE APPEAL.

STUDENT SIGNATURE (required)

DATE

PARENT NAME

PARENT SIGNATURE (dependent student's only)

DATE
