



2019-2020 Financial Aid Appeal Guidelines Rights, Responsibilities, & Required Documents

STUDENT NAME: _____ STUDENT CELL PHONE #: _____

ALBRIGHT E-MAIL: _____

PLEASE NOTE: You must file a Free Application for Federal Student Aid (FAFSA) and receive an award letter **before** submitting this form.

If your income has recently decreased, or you have special financial circumstances that were not taken into account on your FAFSA, we may be able to reevaluate your financial need based on your actual 2018 tax year income, or a projection of your 2019 income. For dependent students, we consider both student and parent incomes. For independent students, we only consider the student and the spouse's incomes.

You have the right to advise the Financial Aid Office, Albright College of changes in family circumstances that you believe impact your Free Application for Federal Student Aid (FAFSA) and, accordingly, your ability to support your education during academic year 2019-2020. Circumstances considered include, but are not limited to, death, financial losses linked to natural disaster not covered by insurance, significant medical or dental out of pocket expenses, one time income shown on your 2017 IRS 1040 form, losses of income beyond control of the family, and marital status changes. Our goal is to respond to your federal appeal request within **30** business days.

Please Include In Your Appeal

1. A **signed cover letter** noting specific dates of each circumstance and the cost associated with the circumstance.
2. A *Rights, Responsibilities, & Required Documents* form completed, signed by all parties, and attached to other documents.
3. Documentation supporting all circumstances included in your cover letter.

Forward your complete packet to:
Albright College Financial Aid Office
P.O. Box 15234
Reading, PA 19612-5234

Examples of Routinely Provided Documentation

- Unemployment benefits statement
- Termination notice
- Memo/letter from employer regarding change or reduction in employment
- Physician's disability statement
- Attorney's statement regarding marital status change
- Court statements regarding/termination of child support
- Social security benefits termination notice
- Death certificate
- IRS 1040s displaying the loss of income or one-time payment
- Copies of paid bills associated with primary home repairs after a natural disaster
- Paid medical/dental bills

(Continued)

Step 1: Please check below all circumstances that apply to your family.

- _____ 1. I experienced a **change in employment** status between 2017, 2018, or 2019.
- _____ 2. I **lost income** shown on my 2017 Federal 1040 Form.
- _____ 3. I experienced a **separation or divorce** from my spouse **after** I signed my 2019-2020 FAFSA.
- _____ 4. My 2017 **out-of-pocket medical or dental** expenses were uncharacteristically high.
- _____ 5. My **mother, father, or spouse died** after I signed the 2019-2020 FAFSA.
- _____ 6. In 2017, I experienced a loss of income associated with a **natural disaster**.
- _____ 7. I have **other circumstances** not captured in the categories noted above.

Step 2: Provide an **estimate** of the income you expect to receive in 2019, or provide your actual 2018 income.
(Enter \$0 if item does not apply.)

DEPENDENT:

Father's/Step-Father's Income from work: _____

Mother's/Step-Mother's Income from work: _____

Student's Income from work: _____

Other taxable income: _____ **Source:** _____

Untaxed income or benefits (Social Security, Worker's Compensation, AFDC, Child Support, etc.): _____

Other untaxed income: _____ **Source:** _____

INDEPENDENT:

Student's Income from work: _____

Spouse's Income from work: _____

Other taxable income: _____ **Source:** _____

Untaxed income or benefits (Social Security, Worker's Compensation, AFDC, Child Support, etc.): _____

Other untaxed income: _____ **Source:** _____

Certification Statement: We the undersigned certify that the information on this form is true and complete to the best of our knowledge. We acknowledge that failure to provide appropriate documentation will result in the College's inability to consider this request for additional federal financial aid.

Student Signature: _____ **Date:** _____

Parent/Spouse Signature: _____ **Date:** _____

Parent's Cell Phone (if applicable): _____

Questions / Concerns? Contact the Financial Aid Office at one of the following:

Phone Number: (610) 921-7515

Fax: (610) 921-7729

E-Mail: finaid@albright.edu