FREDONIA
STATE UNIVERSITY OF NEW YORK

FINANCIAL AID OFFICE
State University of New York at Fredonia
209 Maytum Hall, Fredonia, NY 14063
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financial.aid@fredonia.edu • www.fredonia.edu/finaid

APPLICATION FOR APPEAL OF FEDERAL STUDENT AID 2018-2019 SCHOOL YEAR

WARNING: If you purposely give false or misleading information on this form, you may be fined $10,000, sent to prison, or both.
"You" and "Your" on this form always means the student who wants the aid.

Please complete this form and return it to the Financial Aid Office along with a letter detailing the cirumstances to support your request for an appeal. Please note that verification must be completed (if applicable) prior to the appeal being reviewed.

▶ SECTION A: YOURSELF

1. Your name
   Last | First | M.I.
2. Your permanent mailing address
   Number and Street (Include Apt. No.)
   City | State | Zip Code
3. Your Fredonia ID# F
4. Your date of birth M M D D Y Y Y Y
5. Phone number Area Code and 7-digit phone number

▶ SECTION B: EXPECTED 2018 TAXABLE AND NONTAXABLE INCOME AND BENEFITS

6. 2018 Income earned from work	Parent 1	$_____ .00	Student	$_____ .00
7. 2018 Income earned from work	Parent 2	$_____ .00	Spouse	$_____ .00
8. 2018 other taxable income (include interest income, unemployment compensation, business income, pensions, etc.)		$_____ .00		$_____ .00
9. 2018 nontaxable income and benefits (child support, disability, workers compensation, etc.)		$_____ .00		$_____ .00

▶ SECTION C: HOUSEHOLD INFORMATION

PARENTS

10. What is your parents' current marital status?
    ☐ single ☐ separated ☐ widowed
    ☐ married ☐ divorced
11. What is your parents' state of legal residence? State
12. Number of family members in 2018-2019
13. Number of college students in 2018-2019
    (Of the number in 12, write the number of dependent children only who will be enrolled in college at least half-time.)

STUDENT (& SPOUSE)

14. What is the student's current marital status?
    ☐ single ☐ separated ☐ widowed
    ☐ married ☐ divorced
15. Number of family members in 2018-19
16. Number of college students in 2018-19
    (Of the number in 15, write the number of family members who will be enrolled in college at least half-time. Include yourself.)

▶ READ AND SIGN

17. Certifications: All of the information on this form and the Supplemental Information page, if completed, is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form and the Supplemental Information page, if completed. I realize that this proof may include a copy of my U.S., State, or local income tax return. I also realize that if I do not give proof when asked, the student may be denied aid.

Student _____
Student's spouse _____
Parent 1 _____
Parent 2 _____

Date completed M M D D Y Y Y Y