APPLICATION FOR APPEAL OF FEDERAL STUDENT AID 2019-2020 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 circumstances 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 date of birth
   Day

4. Phone number
   Area Code and 7-digit phone number

5. Fredonia ID#

SECTION B: EXPECTED 2019 TAXABLE AND NONTAXABLE INCOME AND BENEFITS
6. 2019 Income earned from work
   Parent 1 ___________.00
   Student ___________.00

7. 2019 Income earned from work
   Parent 2 ___________.00
   Spouse ___________.00

8. 2019 other taxable income (include interest income, unemployment compensation, business income, pensions, etc.)

9. 2019 nontaxable income and benefits (child support, disability, workers compensation, etc.)

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 2019-20

13. Number of college students in 2019-20
    (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 2019-20

16. Number of college students in 2019-20
    (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
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