Thank you for requesting an appeal for the 2019-2020 academic year. By completing this form you are indicating that there has been a substantial change in your family’s financial situation and you would like the Financial Aid Office to take this updated information into consideration when reviewing your eligibility for financial aid.

**STEP 1: Situation Description** – Please indicate which category **BEST** describes the change in your situation. *(Be sure to indicate whether it is the student or parent who has the change in income).*

- **Lay Off** (circle one: student / parent)  
  Provide ALL of the following
  - Letter from employer indicating effective date and any severance benefits
  - Statement from Unemployment Office outlining benefits
  - Final pay stub from laid off position
  - Three most recent pay stubs of all other current positions (for both parents / for student and spouse)

- **Wage / Employment Reduction** (circle one: student / parent)  
  Provide ALL of the following
  - Letter from employer indicating effective date with prior and current hours per week
  - Last three pay stubs for student AND parent/spouse

- **Reduction / Loss of Unemployment Compensation** (circle one: student / parent)  
  Provide ALL of the following
  - Statement from Unemployment Office outlining change in benefits or benefit status
  - Proof of current income from all other sources

- **Reduction / Loss of One Time Income** (circle one: student / parent)  
  Provide ALL of the following
  - Proof of the source of income

- **Retirement** (circle one: student / parent)  
  Provide ALL of the following
  - Letter from employer documenting retirement date and benefits received
  - Final pay stub for retiree and projected retirement income
  - Last three pay stubs for parent/spouse who is still working

- **Death of Parent / Spouse** (circle one)  
  Provide ALL of the following
  - Death certificate or obituary from newspaper
  - 2017 W-2 forms for other parent

- **Unusual Expenses such as private high school tuition incurred, medical expenses incurred in 2017 NOT covered by insurance**  
  Provide ALL of the following
  - Receipts showing charges paid in 2017 & skip Step 2
  - Receipts showing charges paid in 2017 & skip Step 2

- **2018 tax return shows significant loss of income as compared to 2017**  
  - 2018 tax return transcript

- **Other:** (Please list)  
  Documentation must be provided

*(Car payment, credit card, or previous educational loan debt cannot be considered)*
**STEP 2: Student/Parent/Spouse Projected 2019 Income** – Complete the following sections. Attach all supporting documentation specified in the situation description you checked in Step 1 and additional documentation to support your appeal. *Do not leave any items blank; enter “0” where appropriate.*

Please include the total amounts that you and your parents/spouse have received/earned and expect to receive/earn in 2019. *(FULL YEAR TOTALS)*

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Parents/Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxable Wages</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Severance Pay</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>IRA/Pension Distribution</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Disability Income</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Interest and Dividend Income</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Rental/Business/Capital Losses/Gains</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Food/Housing/Living allowance</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Other Income (list source):</td>
<td>$_______</td>
<td>$_______</td>
</tr>
</tbody>
</table>

**The review of your appeal will be delayed if ALL documentation has not been provided**

*By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a $20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.*

Student Signature __________________________________________ Date __________________

Parent / Spouse Signature ____________________________________ Date __________________

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