

2020-2021 Change of Situation / Professional Judgment

Name (last, first, middle initial)

Tech ID#

Phone Number

E-mail Address

Thank you for requesting an appeal for the 2020-2021 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
- 2018 W-2 forms for other parent

___ **Unusual Exepnses such as private high school tuition incurred, medical expenses incurred in 2018 NOT covered by insurance** *Provide ALL of the following*

- Receipts showing charges **paid** in 2018 & skip Step 2
- Receipts showing charges **paid** in 2018 & skip Step 2

___ **2019 tax return shows significant loss of income as compared to 2018**

- 2019 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 2020 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 2020. (FULL YEAR TOTALS)

	Student	Parents/Spouse
Taxable Wages	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
IRA/Pension Distribution	\$ _____	\$ _____
Disability Income	\$ _____	\$ _____
Interest and Dividend Income	\$ _____	\$ _____
Rental/Business/Capital Losses/Gains	\$ _____	\$ _____
Food/Housing/Living allowance	\$ _____	\$ _____
Worker’s Compensation	\$ _____	\$ _____
Other Income (list source): _____	\$ _____	\$ _____

****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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