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 Expenses 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)*

<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 __________________

St. Cloud Technical & Community College is a member of Minnesota State and is accredited by the Higher Learning Commission. ADA Accessible Facility. Affirmative Action/Equal Opportunity Educator and Employer. This document is available in alternative formats upon request, by contacting Accessibility Services 320-308-5064. TTY users may call MN Relay Service 711 to contact the college.