<table>
<thead>
<tr>
<th>Name (last, first, middle initial)</th>
<th>Tech ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>E-mail Address</td>
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</table>

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)  
  - 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)  
  - 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)  
  - 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)  
  - Proof of the source of income

- **Retirement** (circle one: student / parent)  
  - 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)  
  - 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**  
  - 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>
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**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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ADA accessible facility. Affirmative action/equal opportunity educator/employer.