

UNIVERSITY OF WYOMING

Office of Student Financial Aid

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FINANCIAL AID APPEAL INFORMATION 2008-2009

The University of Wyoming permits an applicant for federal aid to request a review of his/her eligibility when there has been a **catastrophic** change in financial circumstances. This is called an appeal. Any appeal **must** reflect a major reversal in financial circumstances and must include an estimate of the amount of the reversal. The conditions used for grounds for appeal are listed on Part I of the enclosed Appeal Form.

Issues related to whether or not you are financially dependent on your parent are handled through a different appeal process. If you have dependency question, please speak with a financial aid professional in our office.

Although federal law allows institutions to review appeals, it does not require them to do so. The UW Office of Student Financial Aid reviews appeals as a service to students. You should make your financial plans based on your original eligibility; if you are found to be eligible for more desirable aid later, through this appeal process, you will be notified. In reviewing appeals, we will, to the extent possible, treat similar situations consistently, while recognizing that each case must be determined individually. Appeals will be answered in writing.

Appeals are rarely granted for two successive years, due to the nature of the appeal process. If a student's and/or family's estimated data qualify you for aid on appeal, then you should qualify automatically in the second year when actual data are provided and documented.

You are expected to accept the Perkins Loan (if offered) and to apply for the maximum available in the Subsidized Stafford Loan **before** an appeal for Pell funds will be reviewed. **Students who are unwilling to borrow will not receive a Pell Grant through appeal.** Although you are not required to borrow an Unsubsidized Stafford Loan, you may wish to do so, in order to assure that funds of some kind are available in time for payment of education-related costs.

Please note that the conditions acceptable for appeal vary according to your dependency status. For example, conditions relating to parents are acceptable for dependent student appeals. Please submit a signed photocopy of your own most recent federal income tax return when you file the appeal if one is not already on file for the verification process. Dependent students also must provide a signed photocopy of your parents' most recent return if not on file. If you and/or your family are not required to file a federal tax return, certify this on the enclosed form.

Appeals are considered throughout the academic year. No appeals are accepted for the summer term. Students with concerns about increased summer eligibility may discuss this with a financial aid professional in our office after May 1.

Please read instructions carefully.

2008-2009
UNIVERSITY OF WYOMING * FINANCIAL APPEAL FORM

Student Name

W Number

Student Address

Parent Address (for dependent students)

E-mail Address

Phone Number

PART I: CONDITIONS

Your eligibility for financial aid for the 2008-09 school year is based on your/your family's 2007 income data. Under certain specific conditions, your eligibility may be recalculated through the appeal process using estimated 2008 income data.

Dependent Students - Check the one which applies:

- 1. A parent who completed the FAFSA has lost his/her job in 2007 or 2008. As a result, the family's 2008 income will be less than the 2007 income. **Attach verification from former employer showing reason for loss of employment.**
- 2. A parent who completed the FAFSA, and who received unemployment compensation or some untaxed income in 2007, has lost that income/resource in 2008. **Attach documentation showing termination of benefits.**
- 3. Your parents have been separated or divorced, or a parent has died, **after** you completed the FAFSA. **Attach a copy of the divorce decree or death certificate.**
- 4. A parent who completed the FAFSA has not been able to earn money in the usual way for at least 10 weeks in 2007 or 2008 because of a disability sustained in 2007 or 2008. As a result, the family's 2008 income will be less than the 2007 income. **Attach a statement from the attending physician to document the disability including prognosis for returning to work.**
- 5. A parent who completed the FAFSA has incurred unexpected, un-reimbursed medical expenses not covered by insurance. **Attach copies of medical bills, insurance statements and IRS Schedule A, if completed, with your parents' signed 2007 Federal Tax Return.**

Independent Students - Check the one which applies:

- 1. You or your spouse were employed full-time in 2007 but have not been able to earn money in the usual way for at least ten weeks in 2008 because of a disability you sustained in 2007 or 2008. **Attach a statement from the attending physician to document the disability.**
- 2. You have been separated or divorced from your spouse, or become widowed, **after** you completed the FAFSA. **Attach a copy of the divorce decree or death certificate.**
- 3. You have incurred unexpected, un-reimbursed medical expenses in either 2007 or 2008. **Attach copies of medical bills, insurance statements and IRS Schedule A, if completed, with your signed 2007 Federal Tax Return.**
- 4. You were employed full-time in 2007 but have or will experience a decrease in 2008 earnings due to your returning to school fulltime during 2008-09.

If you checked any condition above, you must now supplement your response(s) on page 3 (if you are a dependent student) or page 4 (if you are an independent student) by answering the question which corresponds to the question number you checked on this page. We can analyze your situation faster if you submit clear explanations and specific documentation. Include a signed copy of your 2007 Federal Income Tax Return (and your parents' if you are a dependent student) if not already on file in the office. If none of the conditions above apply to you, then you may wish to investigate the Federal unsubsidized Stafford Loan and/or the Federal PLUS Loan. More information about these loans is available from the Office of Student Financial Aid.

*****DEPENDENT STUDENTS*** PART II: DOCUMENTATION OF YOUR PART I ANSWER**

Answer only the question that corresponds to the answer for the question number you gave in Part I.

1. Name of parent who is (was) unemployed? _____ Is that parent now employed? Circle one: YES NO

OR

2. What source of untaxed income was lost? _____
 On what date was it lost? _____ Amount of loss in 2008 _____
 Reason for loss _____

OR

3. If your parents are divorced or separated, with which parent do you live the most? _____
 Name the people now living in you and your parent's household. _____

OR

4. Describe the disability and explain when it occurred. _____

OR

5. Briefly, what was the reason for the medical expense? _____
 Are your parents covered by health insurance? Circle one: YES NO

If you checked **Conditions 1-4** in PART I and have completely answered the corresponding questions in PART II above, you must now answer the following questions. If you checked **Condition 5**, see below.

Conditions 1-4: The **total 2008** anticipated income **from all sources** between January 1 and December 31, 2008 (include income and resources from both parents, unless you checked **Condition 3**) will be \$_____.

Now itemize that figure by explaining its sources. The totals of lines 1-4 must equal the amount indicated above.

Gross Amount	Dates Earned	Name of Earner	Job or Source	Full Time/Part Time?
1. \$ _____	_____	_____	_____	_____
2. \$ _____	_____	_____	_____	_____
3. \$ _____	_____	_____	_____	_____
4. \$ _____	_____	_____	_____	_____

If you checked **Condition 1**, only income received by your custodial or surviving parent should be listed. If you checked **Condition 5**, you must attach documentation of you unreimbursed medical expenses. The **preferred documentation** for this is the statement you receive from your insurance carrier, showing the amount for which you are responsible. Please note that medical expenses will be allowed only if they exceed 7.5% of your adjusted Gross Income (or total resources, if you did not file a tax return).

CERTIFICATION

By our signatures, we certify that we have estimated our total 2008 income **for all 12 months** and that, if appropriate, the estimate includes such things as unemployment benefits, child support, alimony and worker's compensation, as well as earned income from January 1 to today and anticipated earned income between now and the end of the calendar year. I certify that the documentation attached represents my own, my spouse's or my dependent children's medical expenses. I further certify that I have read and understand the explanations that appear on the Financial Appeal Information sheet. In addition, I understand that I will be required to submit a signed copy of my 2008 tax return, when filed, as documentation of our estimates and that we will be held responsible for repaying any financial aid received as a result of an under-estimation of our 2008 income.

 Parent Signature Date

 Student Signature Date

ATTACH A SIGNED COPY OF PARENTS' 2007 FEDERAL TAX RETURN TO THIS FORM. YOUR APPEAL IS INCOMPLETE WITHOUT IT UNLESS PARENTS ARE ELIGIBLE TO SIGN THE FOLLOWING STATEMENT:

I/we am/are not required to file a 2007 federal income tax return. _____

Answer only the question below which corresponds to the answer you gave in Part I.

1. Describe the disability and specify when it occurred. _____

How did the disability affect you financially? _____

OR

2. Name each member of your current household. _____

OR

3. Briefly, what was the reason for the medical expense? _____
Do you have health insurance? Circle one: **YES NO**

If you checked **Conditions 1, 2 or 4** in Part I and have completely answered the corresponding question in Part II above, you must now answer the following questions. If you checked **Condition 3**, see below.

Conditions 1, 2 & 4: My/our total 2008 anticipated income **from all sources** between January 1 and December 31, 2008 will be \$_____. Now itemize that figure by explaining the sources (you must include your spouse's income if you are married and checked **Conditions 1 or 4**). The totals of lines 1-4 must equal the amount indicated above.

	Gross Amount	Dates Earned	Name of Person	Job or Source	Full Time/Part Time?
1.	\$ _____	_____	_____	_____	_____
2.	\$ _____	_____	_____	_____	_____
3.	\$ _____	_____	_____	_____	_____
4.	\$ _____	_____	_____	_____	_____

If you checked **Condition 3**, you must attach documentation of your unreimbursed medical expenses. The **preferred documentation** for this is the statement you receive from your insurance carrier, showing the amount for which you are responsible. Please note that medical expenses will be allowed only if they exceed 7.5% of your adjusted Gross Income (or total resources, if you did not file a tax return).

CERTIFICATION

By my signature, I certify that I have estimated my total 2008 income **for all 12 months** and that, if appropriate, it includes such things as unemployment benefits, child support, alimony and worker's compensation, as well as earned income from January 1 to today and anticipated earned income between today and the end of the calendar year. I certify that the documentation attached (if any) represents my own, my spouse's or my dependent children's medical expenses. I further certify that I have read and understand the explanations that appear on the Financial Appeal Information sheet. In addition, I understand that I will be required to submit a signed copy of my 2008 tax return as documentation of my entire estimate above and that I will be held responsible for repaying any financial aid received as a result of an under-estimation of 2008 income.

Student's Signature

Date

Spouse's Signature

Date

ATTACH A SIGNED PHOTOCOPY OF YOUR 2007 FEDERAL TAX RETURN TO THIS FORM. YOUR APPEAL IS INCOMPLETE WITHOUT IT UNLESS YOU ARE ELIGIBLE TO SIGN THE FOLLOWING STATEMENT:

I am not required to file a 2007 federal income tax return. _____
Student Signature