

UNIVERSITY OF WYOMING

Office of Student Financial Aid

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FINANCIAL AID APPEAL INFORMATION 2009-2010

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.

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.

Go to next page. Please read instructions carefully!

Office of Student Financial Aid Use Only

Appeal Approved Appeal Denied

Reason for Decision: _____

2009-2010
UNIVERSITY OF WYOMING * FINANCIAL AID APPEAL FORM

Student Name

W Number

Student Address

Parent Address (for dependent students)

Student's E-mail Address

Student's Phone Number

PART I: CONDITIONS

Your eligibility for financial aid for academic year 2009-10 is based on your/your family's 2008 income data reported on the FAFSA. Under certain specific conditions, your eligibility may be recalculated through the appeal process using estimated 2009 income data. If your situation is not listed below, please provide a detailed account for the basis of your appeal, along with supporting documentation, and complete page 3 or 4 depending on your dependency classification.

Dependent Students - Check the scenario that applies to you:

- 1. A parent who completed the FAFSA has lost his/her job in 2008 or 2009. As a result, the family's 2009 income will be less than the 2008 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 other form of untaxed income in 2008, has lost that income/resource in 2009. **Attach documentation showing termination of benefits/other income.**
- 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 2008 or 2009 because of a disability sustained in 2008 or 2009. As a result, the family's 2009 income will be less than the 2008 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 2008 Federal Tax Return.**

Independent Students - Check the scenario that applies to you:

- 1. You, or your spouse, has lost his/her job in 2008 or 2009. As a result, the family's 2009 income will be less than the 2008 income. **Attach verification from former employer showing reason for loss of employment.**
- 2. You were employed full-time in 2008 but have or will experience a decrease in 2009 earnings due to your returning to school fulltime during 2009-10.
- 3. You, or your spouse, were employed full-time in 2008 but have not been able to earn money in the usual way for at least the weeks in 2009 because of a disability you or your spouse sustained in 2008 or 2009. **Attach a statement from the attending physician to document the disability.**
- 4. 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.**
- 5. You have incurred unexpected, un-reimbursed medical expenses in either 2008 or 2009. **Attach copies of medical bills, insurance statements and IRS Schedule A, if completed, with your signed 2008 Federal Tax Return.**

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 2008 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.

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 2009 _____
Reason for loss _____

OR
3. If your parents are divorced or separated, with which parent did you live the most in 2008? _____
Name of deceased parent and date of death. _____
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 you 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 2009 anticipated income from all sources between January 1 and December 31, 2009 (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.

Table with 5 columns: Gross Amount, Dates Earned, Name of Earner, Job or Source, Full Time/Part Time? and 4 rows of data.

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 2009 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 2009 income.

Parent Signature _____ Date _____

Student Signature _____ Date _____

ATTACH A SIGNED COPY OF PARENTS' 2008 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 2008 federal income tax return. _____
Parents'/Parent's Signature

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

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

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

How did the disability affect you financially? _____

OR
4. Name each member of your current household. _____

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

If you checked **Conditions 1, 2, 3 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 5**, see below.

Conditions 1, 2, 3 & 4: My/our total 2009 anticipated income **from all sources** between January 1 and December 31, 2009 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, 2 or 3**). 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 5**, 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 2009 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 2009 income.

Student's Signature

Date

Spouse's Signature

Date

ATTACH A SIGNED PHOTOCOPY OF YOUR 2008 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 2008 federal income tax return. _____
Student's Signature