



## 2017-2018 Appeal Review Request

Office of Financial Aid  
1950 Third Street  
La Verne, CA 91750

Phone: (800) 649-0160  
Fax: (909) 448-1629  
[finaid@laverne.edu](mailto:finaid@laverne.edu)

### 1. STUDENT INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
La Verne ID

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Expected Graduation Month and Year

### 2. TYPES OF APPEALS

**Before submitting an Appeal Review Request, please review the information below regarding types of appeals. If you believe that you or your family's circumstances warrant an appeal review, please review the appeal qualification information and have the information needed for us to consider your appeal.**

Federal financial aid regulations specify that financial aid eligibility for 2017-2018 is based on income earned in 2015 as reported on the 2017-2018 FAFSA. In some cases, like those listed below, you may request that we evaluate your need basis aid on an estimate of your 2017 income.

*Please Choose a reason/scenario below (if applicable):*

- Reduction in income due to change in employment
- Divorce or separation
- Unemployment
- Death of parent (or student spouse)
- Receipt of a one-time capital gain in prior year
- Elder care (expenses can be considered only if elder is not already reported in the family size on the FAFSA)
- Private elementary or secondary tuition for younger siblings
- Other (submit a written statement)

#### SUPPORTING DOCUMENTATION NEEDED:

- Letter of termination from employment, layoff notice, final paystub showing year-to-date earnings, documentation of unemployment benefits expected or currently receiving
- Documentation of new employer and current paystub
- Copy of divorce decree or notice of filing for legal separation
- Copy of Death Certificate
- Other documentation based on circumstances
- Supporting Documentation. Note for medical; please only provide documentation of medical expenses paid. DO NOT PROVIDE copies of medical tests, diagnosis or other confidential information
- Statement from private school itemizing amount paid, by you, in the 2015 calendar year, for 2017-2018 Appeals



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### 3. PROJECTED INCOME

**Taxable income expected to be earned from January 1 2017 through December 31, 2017**

		Student and/or Spouse	Parent 1	Parent 2
1.	Wages			
2.	Severance Compensation			
3.	Unemployment Benefits			
4.	Interest/Divided Income			
5.	Other Taxable Income			

**Untaxed Income Expected to be earned from January 1, 2017 through December 31, 2017**

		Student and/or Spouse	Parent 1	Parent 2
1.	Tax Deferred Payment to Retirement			
2.	Social Security Benefits			
3.	Child Support Received			
4.	Welfare Benefits			
5.	Veteran Benefits			
6.	Other Untaxed Income			

	Asset Information (Current Balance)	Student and/or Spouse	Parent 1	Parent 2
1.	Cash			
2.	Savings (include trust funds) and Checking			
3.	Investments			
4.	Business Income			

### 4. CERTIFICATION AND SIGNATURES

*Please read below before signing this form.*

**This form may be submitted via email, mail, fax, or in person**

- I, the student/parent, understand that the Office of Financial Aid will use the information provided to determine my financial eligibility and my financial aid award will be based upon this information.
- By signing this form, I, the student/parent, affirm all the information on this form and any attachments are complete and accurate to the best of my knowledge. I, the student/parent, understand any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) Signature (Dependent Students)

\_\_\_\_\_  
Date