



Agnes Scott College
 Office of Financial Aid
 141 E. College Ave.
 Decatur, GA 30030-3770
 Phone: 404.471.6395
 Fax: 404.471.6159

Financial Aid Appeal Form 2020-2021

Student's Information

Last Name	First Name	M.I.	Student ASC ID Number
Student ASC Email:			Student's Phone Number
Parent(s) Name:			Parent's Phone Number

Need is calculated with uniformity and equity using the information available, and the college offers the best award package possible. A family's contribution is derived by assessing past earnings (savings), current income and assets. However, we recognize there are circumstances that might warrant additional consideration.

How to determine if you are eligible to appeal:

- You may appeal your financial aid award based on significant and/or unforeseen changes in circumstances that affect your ability to contribute to college costs.
- You may also appeal if you believe important financial information was not included or considered in your original application materials.

How to appeal

- Complete this form and attach appropriate documentation as indicated in Section A.
- Submit a **signed** copy of your **2019 Federal 1040 Tax Return**.
- Additional information/documentation if needed will be requested.

Once a completed and signed form is received along with **all** required documentation, the Appeals Committee will review your appeal at its next scheduled meeting. The committee's decision will be based on the individual circumstances as presented and the decision will be considered final. Students will be notified, in writing, of the appeal decision

- **The Financial Aid Appeal Form MUST be submitted no later than July 1, 2020**
- **If your household has been selected for Verification, no Financial Aid Appeals can be processed until Verification is complete. Federal and Institutional Verification may result in the request for additional documents relating to Verification.**
- **Please Note: Submission of the Financial Aid Appeal Form may not be used to delay student account payments when due.**
- **Please also acknowledge that submission of an appeal does not guarantee an adjustment to my or my student's award**

Please complete all applicable sections.

Student's Name: _____ Student ASC ID: _____

Section A: Changes in Household Income

Following are questions that will help us understand why your household is experiencing a decrease in financial resources. Please complete all sections that apply to your situation.

1. Loss or Change of Job

Which person experienced a loss of/change in income?

Father/Stepfather Mother/Stepmother Self Spouse

Effective Date: _____ (*Must be at least unemployed for **3 consecutive months**.)

Reason for reduction/loss: Job change Retirement New Business Start-up

Reduced Commissions or Overtime Other (please specify) _____

Required: Complete section B and document the change with the following information (as applicable):

- 1) most recent pay stub showing new or changed salary,
- 2) last pay stub from former position, and
- 3) statement of any unemployment benefits received and/or expected.

2. Loss of Untaxed Income or Benefits, such as child support, unemployment, AFDC, etc.

Person receiving the benefit: Parent(s) Student

Type of benefit(s) affected: _____ Date of Change: _____

Amount received from January 1, 2020, to present \$ _____

Amount expected to be received from present to December 31, 2020 \$ _____

Required: Document the change or loss. If this is your only income change, do not complete section B.

3. Parents' Separation/Divorce or Death of a Parent

Complete this section only: 1) if your parents separated after the 2020-2021 FAFSA was completed OR
2) if a parent died after the 2020-2021 FAFSA was completed.

For parents' separation or divorce:

Which parent do you live with? Father Mother Date of separation/divorce _____ (month/year)

Required: Complete section B and attach explanation of separation of assets (including cash, home, other real estate, business, etc.), as well as child support or alimony expected to be paid or received, if applicable.

For death of a parent:

Surviving parent: Father Mother Date: _____ (month/year)

In section C, please explain any amounts of pending or finalized disposition of assets, estate, or life insurance proceeds resulting from this event. If unknown at this time, please indicate so that we may follow up at a later date.

4. Unusually High Medical and/or Dental Expenses

Amount paid out-of-pocket in 2019 for medical and dental expenses, including insurance premiums. **Do not include expenses that are or will be reimbursed by insurance.**

Total paid in 2019 \$ _____

Required: Attach a detailed explanation of the reported expenses and include documentation such as paid receipts, pharmacy records, or your doctor's records. If this is your only income change, do not complete section B. Please Note: we cannot use insurance statements such as Explanation of Benefits forms showing Patient Responsibility as amounts actually paid.

Student's Name: _____ Student ASC ID: _____

Section B: 2020 Estimated Income

Awards for the 2020-2021 academic year are based on the 2018 income information that your family provided on the FAFSA. You have indicated a decrease in resources for 2020. If your household resources for 2020 will be significantly different than in 2018, financial aid eligibility **may** be reevaluated using your estimates. Estimates provided on this form should be as accurate as possible in order to avoid later adjustments to your financial aid package. **Please complete all blanks – put “0” if an item does not apply to you.**

2020 Gross Taxable Income	Actual Income (Year- to-date)	+	Estimated Income (Present- year-end)	=	Total Income (Add actual plus estimated)
Wages, salaries, compensation from jobs	XXXX		XXXX		XXXX
Student					
Spouse (<i>if applicable</i>)					
Father/Stepfather					
Mother/Stepmother					
Interest and Dividend Income					
Net income/loss from business (<i>reported on Schedule C or F</i>)					
Severance Pay					
Capital gain/loss (<i>reported on Schedule D</i>)					
Rental income/loss (<i>reported on Schedule E</i>)					
Taxable portions of Social Security					
Taxable portions of pension/annuity withdrawals					
Alimony received					
Unemployment compensation					
Other taxable income					
2020 Untaxed Income					
Social Security/SSI benefits/ Veteran's benefits					
Welfare benefits, including AFDC and ADC					
Child support received					
Voluntary contributions to retirements plans (<i>i.e. 401(k), 403(b)</i>)					
Housing allowance (<i>military and clergy</i>)					
Other untaxed income (<i>i.e. foreign income exclusion, worker's compensation, untaxed portion of pensions (no rollovers), etc.</i>)					
2020 Expenses					
Child support paid					
Alimony paid					
Private elementary or secondary school tuition for siblings* (<i>include only your out-of-pocket costs, NOT the full tuition</i>)					

***Complete the following if you listed private school tuition paid for siblings; attach a bill or statement from the school.**

Number of children enrolled in private high school, middle school and elementary school _____

Name of school(s) _____

Student's Name: _____ Student ASC ID: _____

Section C: Additional Information

Please use this section to provide additional information describing the basis for your request, if the sections above did not allow you to explain the circumstances fully. Attach additional pages and documentation as necessary.

Section D: Certification

By signing below, I

1. affirm that the data contained on this form is true and complete to the best of my knowledge,
2. acknowledge that submission of an appeal does not guarantee an adjustment to my or my student's award,
3. recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances, and
4. understand that if any of my projections change, I must immediately notify the Office of Financial Aid in writing.
5. understand that submission of an appeal form DOES NOT extend or otherwise alter payment due dates.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return completed form to: Office of Financial Aid
Agnes Scott College
141 E. College Ave.
Decatur, GA 30030
Phone 404.471.6395
Fax 404.471.6159

FOR OFFICE USE ONLY: ____Approved ____Denied
Adjustments _____

Authorized Signature _____ Title _____ Date _____