



Please return completed form to: Agnes Scott College
Office of Financial Aid
141 E. College Ave.
Decatur, GA 30030-3770
Phone: 404.471.6395
Fax: 404.471.6159
Email: finaid@agnesscott.edu

International Student Financial Aid Appeal Form 2020-2021

Name _____

Student ID _____

Student's Permanent Address: _____

Student's E-mail Address: _____

This form is for currently enrolled students only
New students – please contact your Admission Counselor

You may appeal your financial aid award if significant and/or unforeseen changes in your circumstances that will affect your ability to contribute to your college costs have occurred since you submitted your original **International Student Certificate of Finance (ISCOF) Form**.

How to appeal:

Please complete this form and attach appropriate documentation as indicated.

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

Submission of an appeal neither guarantees an adjustment to a student's award nor prevents the accrual of late fees on any unpaid student account balance (if applicable).

Please complete all applicable sections.

The International Student Financial Aid Appeal Form will not be accepted after May 1, 2020.



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Name _____ Student ID _____

Section A: Change in Circumstances

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. Please complete all dollar amounts in US Currency.

1. Loss or Change of Job

Which person experienced a loss of/change in income? Father/Stepfather Mother/Stepmother

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

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 statement of income showing new or changed salary;
- 2) last statement of income from former position, and notice of job termination, if available
- 3) statement of any unemployment benefits received and/or expected, if available

2. Loss of Income or Benefits that are not related to your parent's job

Person affected: _____ Father _____ Mother

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, 2021 \$ _____

Required: Document the change or loss.

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

Complete this section only: 1) if your parents separated after the ISCOF was completed OR

2) if a parent died after the original ISCOF was completed.

For parents' separation or divorce:

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

Required: Please complete the Section B and also submit a revised ISCOF that reflect your changed circumstances.

For death of a parent:

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

Required: Please submit a revised ISCOF that reflect your changed circumstances.

4. Unusually High Medical and/or Dental Expenses

Write the amount paid from family income/assets in 2019 and how much is expected to be paid in 2020 for medical and dental expenses. Do not include expenses that are or will be reimbursed by insurance or paid by non-family resources.

Total paid in 2019 \$ _____ Total expected to be paid in 2020 \$ _____

Required: Attach a detailed explanation of the reported expenses and include available documentation such as receipts or your doctor's records.

5. Other Circumstances (such as natural disasters, political unrest, etc.)

Please indicate reason for request: _____

Required: Attach a detailed explanation of the changes and submit a revised ISCOF if there have been significant changes from your original forms.



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Student's Name _____ Student ID _____

Section B: Additional Information

Please use this section to provide information that was not included in your original financial aid application. You may also give additional information describing the basis for your appeal. Attach additional pages and documentation as necessary.

Multiple horizontal lines for providing additional information.

Section C: 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 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.

Student Signature _____ Date _____

Parent Signature _____ Date _____

FOR OFFICE USE ONLY: _____ Approved (___ 2020-2021 only ___ All years ___ Other) _____ Denied
Adjustments _____
Authorized Signature _____ Title _____ Date _____