



BROWN

**FINANCIAL AID APPEAL FORM  
2007-2008**

- Freshman/First-year Student  
 Returning Student

Student's Name \_\_\_\_\_ Student's SISD Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Parent E-mail Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Day Phone Number (\_\_\_\_\_) \_\_\_\_\_

Are you the  Custodial Parent or  Non-custodial parent?

You may request reconsideration of your award through the Brown University financial aid appeal process. If you can document a significant change in your family's financial circumstances, or if you believe there are special circumstances that were not considered initially, please complete this form. Federal regulations and institutional policies require that exceptions fall within certain parameters and are documented. This form is designed to assist you in providing information critical to the review of your appeal.

The Financial Aid Appeal Committee will review your appeal. The Committee's decision will be based on the individual 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 balances.**

**PLEASE COMPLETE ALL  
APPLICABLE SECTIONS.**

## 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/Step \_\_\_ Mother/Step \_\_\_ Self \_\_\_ Spouse

Effective date: \_\_\_\_\_

Reason for reduction/loss:  Job change       Reduced Commissions or Overtime       New Business Start-Up  
 Retirement       Termination by Employer  
 Other (please specify) \_\_\_\_\_

**REQUIRED: Complete Section B and document the change with the following information:**

- 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

Name of benefit(s) that were affected \_\_\_\_\_ Date of change \_\_\_\_\_

Amount received from January 1, 2007 to present \$ \_\_\_\_\_

Amount expected to be received from present to December 31, 2007 \$ \_\_\_\_\_

**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 or divorced after the 2007-2008 FAFSA was completed OR  
2) if a parent died after the 2007-2008 FAFSA was completed.

#### For parents' separation/divorce:

Which parent do you live with most?  Father  Mother      Date of separation/divorce: \_\_\_\_\_ (month/year)

**Please have each natural parent complete a separate appeal form and include information for each of their spouses if remarried.**

#### For death of a parent:

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

**In Section C, please describe any pending or finalized changes in assets (including life insurance) resulting from this event. If unknown at this time, please indicate so that we may follow up at a later date.**

**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.**

### 4. UNUSUALLY HIGH MEDICAL AND/OR DENTAL EXPENSES

Write the amount paid out-of-pocket in 2006 and expected to be paid in 2007 for medical and dental expenses, including insurance premiums. **Do not include expenses that are or will be reimbursed by insurance.**

Total Paid in 2006 \$ \_\_\_\_\_

Total Expected to be Paid in 2007 \$ \_\_\_\_\_

**REQUIRED: Attach a detailed explanation of the reported expenses and include documentation such as receipts, insurance records, your doctor's records or estimates. If this is your only income change, do not complete Section B.**

## Section B: 2007 Estimated Income

Awards for the 2007-2008 academic year are based on the 2006 income information that your family provided in the spring. You have indicated a decrease in resources for 2007. If your household resources for 2007 will be significantly different than in 2006, financial aid eligibility **may** be reevaluated using your estimates. Any adjustment to your award on this basis **may** be tentative, until all documentation of actual 2007 income has been received. Estimates provided herein should be as accurate as possible in order to avoid later adjustments to your aid package. **ENTER "0" or "N/A" WHERE APPROPRIATE; DO NOT LEAVE ANY ITEM BLANK.**

<b>2007 GROSS TAXABLE INCOME</b> Note: The layout is similar to federal income tax forms for taxable earnings.	<b>Actual Income</b> (Year-to-Date)	+	<b>Estimated Income</b> (Present – Year-End)	=	<b>Total Income</b> (Add actual plus estimated income)
Wages, salaries, compensation from jobs	XXXX		XXXX		XXXX
Student					
Spouse ( <i>if applicable</i> )					
<b>Father/Stepfather</b>					
<b>Mother/Stepmother</b>					
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					
Income from royalties, partnerships, estates, trusts					
Alimony <b>received</b>					
Unemployment compensation					
Other taxable income					
<b>2007 UNTAXED INCOME</b>					
Social Security/SSI benefits					
Welfare benefits, including AFDC and ADC					
Child support <b>received</b>					
Voluntary contributions to retirement plans (i.e. 401(k), 403(b))					
Veteran's benefits					
Housing Allowance (military and clergy)					
Other untaxed income (i.e. foreign income exclusion, worker's compensation, untaxed portion of pensions (no rollovers), etc.)					
<b>2007 EXPENSES</b>					
Child support <b>paid</b>					
Alimony <b>paid</b>					
Medical and dental expenses not reimbursed by insurance (including insurance premiums paid)*					
Private Elementary or Secondary School Tuition for siblings ** (include only your out-of-pocket costs, NOT the full tuition)					

\* You must attach itemized proof of these unreimbursed expenses. Receipts, insurance records, your doctor's records or estimates are all acceptable.

\*\* Complete the following if you reported private school tuition paid for siblings and attach bill or statement from the school.

Number of Children enrolled in private school \_\_\_\_\_

Name of School(s) \_\_\_\_\_

