

Central College
Financial Aid Expenses Appeal Form
2015-2016

Student Name: _____ Student ID/SSN: _____

Date of Birth: _____

Parent Daytime Phone: _____ Student Cell Phone: _____

READ THIS TO AVOID DELAYS IN PROCESSING

This form is to notify Central College that you or your parents have incurred expenses related to medical and/or dental healthcare, private primary/secondary school tuition or a parent attending college. *A separate form is available to report a loss or reduction in income.*

- You must have completed the Free Application for Federal Student Aid (FAFSA) if you are requesting a change to your aid package based on financial reasons.
- You must provide detailed supporting documentation so that our auditor will be able to understand our justification for adapting your federal and/or state financial aid eligibility.
- Wedding, gambling and other personal choice spending habits will not be considered.
- Each request is reviewed on an individual basis and approval or denial of your appeal will be final. Some adjustments do affect the calculated “expected family contribution” but not to the extent that the award would be adjusted.
- Students who already have a zero “expected family contribution” as calculated by the federal FAFSA processor do not need to complete this form as the EFC cannot be adjusted below \$0.
- A revised award letter will be sent to the student if the financial aid eligibility changes.

WHAT YOU NEED TO

- ☐ Complete the form. Incomplete forms will be returned to the student for completion.
- ☐ Attach documentation of your situation. Acceptable documentation will be explained under each heading.
- ☐ Sign this form.
- ☐ Have your parent sign this form.
- ☐ Mail the form, documentation and essay to: Central College Financial Aid Office, 812 University Street, Campus Box 5800, Pella, IA 50219 (fax: 641-628-7199).

COST OF EDUCATION FOR PARENT IN COLLEGE

- ☐ My mother will be attending _____ located in _____
(Name of College) (City)
during the 2015-16 academic year. She will be enrolled in: _____ hours fall term
(Number credits)
and _____ hours spring term.
(Number credits)

☐ My father will be attending _____ located in _____
(Name of College) (City)
 during the 2015-2016 academic year. He will be enrolled in: _____ hours fall term
(Number credits)
 and _____ hours spring term.
(Number credits)

Required documentation: Copy of each parent's financial aid offer and a letter from parent's employer stating the amount (if any) that will be reimbursed for educational expenses.

PRIVATE ELEMENTARY OR SECONDARY SCHOOL TUITION EXPENSES

☐ My parents are paying tuition for a sibling enrolled in a private elementary or secondary school.

Name of school _____ Cost for 2015-2016 \$ _____

Name of student(s): _____

Required documentation: Copy of receipts showing fees were paid or an official school billing statement.

UNUSUALLY HIGH NON-REIMBURSED MEDICAL AND DENTAL EXPENSES

☐ My parents have or will have significant non-reimbursed medical & dental expenses. This amount is over 4% of the parents' adjusted gross income reported on their 2014 federal tax return and they will not be reimbursed for the expenses.

Total non-reimbursed medical & dental expenses for 2014 \$ _____ and 2015 \$ _____.

Required documentation: proof of each expense and a copy of your parents' 2014 federal tax return. Acceptable forms of proof include copies of receipts, insurance records, and/or billing statements.

CERTIFICATION

I/we affirm that the data contained on this form is true and complete to the best of my/our knowledge. Upon request I/we will provide documentation to substantiate the information provided. We understand that completing this form does not guarantee that financial aid will be increased.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Spouse Signature _____ Date _____

OFFICE USE ONLY

EFC _____ IPA _____ 11% IPA _____ Tran _____ Taxes Paid _____ Prior Pro Years _____

Staff member _____ Denied _____ Approved _____

Comments _____
