

Financial Aid Appeal Application

Student Name: _____ Parent 1 Name: _____
 Student Phone: _____ Parent 2 Name: _____
 Cornell ID: _____ NetID: _____ Parent E-mail: _____
 Check one: Early Freshman Regular Freshman Parent Phone: _____
 Transfer Current Student

Complete this application and return to our office with the additional documentation requested, if required. **The Appeal Application will not be reviewed until all documentation is received.** Depending on the time of year your appeal is received, the Office of Financial Aid and Student Employment reserves the right to postpone the review of special circumstances until the next academic year's financial aid review.

Please check	Reason for Appeal	Required Documentation
	Significant loss in income due to termination or change in employment Please note: *the earliest we will consider an appeal due to unemployment is generally 8 weeks from the date of termination *changes may not be considered if income loss <i>for the year</i> is not significant *you must notify the Office of Financial Aid and Student Employment if you become re-employed before the end of the year	Termination or change of employment: <ul style="list-style-type: none"> ➤ Copy of the last/most recent pay stub for both parents in the household ➤ Termination notice or letter of explanation from employer ➤ Severance statement ➤ Copy of unemployment benefit eligibility from Dept. of Labor ➤ Income, Expense, and Benefit Worksheet (attached) Last day of employment/termination date: Date of change in employment: Termination or reduction to <i>untaxed</i> benefits, including Social Security, child support, disability: <ul style="list-style-type: none"> ➤ Documentation of reduction ➤ Explanation for change from granting authority
	Unexpected life event *please note that in a divorce situation, we will continue to consider both custodial and noncustodial parents' income and asset information	Death of parent or other immediate family member: <ul style="list-style-type: none"> ➤ Documentation of medical and/or funeral expenses ➤ If decrease in income, complete the Income, Expense, and Benefit Worksheet (attached) ➤ Documentation of expected Social Security benefits for all family members ➤ Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance
	Correction to income or asset information reported	<ul style="list-style-type: none"> ➤ Detailed description of error and correction ➤ Documentation of correct amount (for example, if mortgage value and debt was misreported, a copy of the mortgage statement and most recent assessment of home should be sent)
	More favorable award from another institution	<ul style="list-style-type: none"> ➤ Copy of Financial Aid Notification from the institution. <p><i>NOTE:</i> Cornell will only review financial aid offers from any of the Ivy League institutions, Stanford University, Duke University, and MIT. <i>NOTE:</i> Early Decision Freshman cannot appeal for this reason.</p>

Please check	Reason for Appeal	Required Documentation
	High medical, educational, or family expenses	<p>Medical:</p> <ul style="list-style-type: none"> ➤ Documentation of medical expenses paid during prior tax year that exceed 10% of your Adjusted Gross Income <p>NOTE: Explanation of Benefits from insurance provider is not acceptable documentation</p> <p>Educational (undergraduate):</p> <ul style="list-style-type: none"> ➤ Documentation from school showing enrollment status and expected graduation date <p>Educational (support for a full-time student in Graduate/Medical/Law School):</p> <ul style="list-style-type: none"> ➤ Copy of Financial Aid Notification indicating required parent contribution ➤ Detailed listing/documentation of support to student provided during the academic year <p>Family:</p> <ul style="list-style-type: none"> ➤ Documentation of support to relatives outside of the immediate family (cancelled checks, wire transfer records, statement from recipient indicating amount received, etc.)
	Other reason not listed	<ul style="list-style-type: none"> ➤ Please provide a detailed description of the basis of appeal and documentation supporting your request for reconsideration <p>NOTE: we are unable to consider appeals based on circumstances that include but are not limited to:</p> <ul style="list-style-type: none"> ▪ High consumer debt ▪ Personal Expenses (pets, cars, housekeepers, vacations, sports, etc.) ▪ Fraternity or Sorority expenses ▪ Expenses that have not yet occurred

Student/Parent Certification

Ink Signatures required by parent and student

I/We certify that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented.

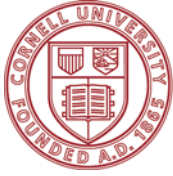
I/We understand that the submission of an appeal does not release the student from the obligation of staying current with the Bursar and/or Cornell Card bill. I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Bursar and his/her college registrar.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

I/We understand the appeal will be reviewed within 7-10 business days of receipt by the Office of Financial Aid and Student Employment (FASE) and that additional processing time may be necessary in the event more information is requested by FASE. I/We understand the parent and/or student may be notified via mail and/or e-mail with the outcome of the appeal decision.

Signature of Parent(s): _____ Date: _____

Signature of Student: _____ Date: _____



Income, Expense and Benefit Form

All parts of this form are *required*. If a particular question does not apply, fill in with a N/A or zero.

Student's Name: _____ Cornell ID Number: _____ (leave blank if unknown)

Parent 1 Name: _____ Parent 2 Name: _____

Student's Date of Birth: _____ Today's Date: _____

Benefits:

Indicate a *monthly* dollar amount next to the benefits that your family receives (if applicable):

Table with 2 columns: Benefit, Current Monthly Amount. Rows include Housing Assistance, Food Stamps, Utilities Assistance, Free/Reduced Lunch, and Other.

Support from Others:

Indicate a *monthly* dollar amount that the family receives in support from others (friends, family, church, etc):

\$ _____

Monthly Expenses:

Indicate only the amount that family is responsible for (cost – any benefit)

Table with 3 columns: Expense, 2019 Monthly Amount, 2020 Monthly Amount. Rows include Out of Pocket Medical Expenses, Education, and Other (specify).

Monthly Income:

Income Source	2019 Monthly Amount	2020 Monthly Amount
Net Wages		
Net Rental / Business Income		
Unemployment Benefits		
Disability / SSI Benefits		
Child Support		
IRA, Pension, Annuity withdrawals from Retirement		
Other (specify):		
Other (specify):		
Total:		
Total plus support from others and benefits:		

Explanation (required)

Certification:

By signing this statement, we certify that all the information reported on this form is complete and accurate. At least one parent must sign if you are a dependent student.

Student Signature: _____

Parent Signature: _____