

2013-2014 Financial Aid Appeal Application
Cornell University
Office of Financial Aid & Student Employment

Submit this form:
 Fax: 607-255-6329
 Online: www.finaid.cornell.edu
 Mail: Financial Aid Processing
 349 Pine Tree Road
 Ithaca, NY 14850

Student Name: _____	Parent 1 Name: _____
	Parent 2 Name: _____
Cornell ID: _____	Parent E-mail: _____
NetID: _____	
Check one: <input type="checkbox"/> Early Freshman <input type="checkbox"/> Regular Freshman	Parent Phone: (H) _____
<input type="checkbox"/> Transfer <input type="checkbox"/> Current Student	(W) _____

Student Phone: _____	Parent Fax: _____
----------------------	-------------------

Complete this application and return to our office with the additional documentation requested, if required. **The Appeal Application will not be eligible for review until all documentation is received.** The Income, Expense, and Benefit Worksheet is included with this application.

Please check	Reason for Appeal	Required Documentation
<input type="checkbox"/>	Significant loss income due to termination or change in employment Please note: *we will be unable to consider appeals based on unemployment until 8 weeks from the date of termination/lay-off *changes may not be considered if income loss 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) 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
<input type="checkbox"/>	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 Divorce/Separation: <ul style="list-style-type: none"> ➤ Documentation of second household expenses ➤ Listing of child support and/or alimony expected to be paid and/or received
<input type="checkbox"/>	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)
<input type="checkbox"/>	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 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
<input type="checkbox"/>	<p>High medical, educational, or family expenses</p> <p>*expenses must be for the 2012 tax year</p>	<p>Medical:</p> <ul style="list-style-type: none"> ➤ Documentation of medical bills paid during prior tax year. If there is an ongoing condition, please provide documentation and/or estimate of treatment costs <p><i>NOTE:</i> Explanation of Benefits from insurance provider is not acceptable documentation</p> <p>Educational (parent in college as required by employer):</p> <ul style="list-style-type: none"> ➤ Documentation from employer indicating that enrollment is required ➤ Copy of paid tuition bill ➤ Income, Expense, and Benefit Worksheet, if employment is affected <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.)
<input type="checkbox"/>	<p>Other reason not listed</p>	<ul style="list-style-type: none"> ➤ Please provide a detailed description of the basis of appeal and documentation supporting your request for reconsideration <p><i>NOTE:</i> 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

Signature required by either parent OR 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.

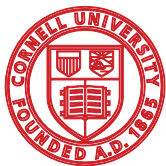
I/We understand that the submission of an appeal does not release the student from the obligation of staying current with the Bursar and/or Cornell Card bill. I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with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



Cornell University
Office of Financial Aid
and Student Employment

Submit this form:

Fax: 607-255-6329

Online: www.finaid.cornell.edu

Mail: Financial Aid Processing
349 Pine Tree Road
Ithaca, NY 14850

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):

Benefit	Current Monthly Amount
Housing Assistance (HUD, Section 8)	\$
Food Stamps (SNAP, TANF, etc)	\$
Utilities Assistance (HEAP)	\$
Free/Reduced Lunch	\$
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)

Expense	Last year <u>monthly</u> average	This year <u>monthly</u> average
Mortgage / Rent		
Mortgage / Rent (other real estate combined)		
Mortgage / Rent (Business / Farm)		
Food		
Household Supplies		
Utilities (Heat, Water, Electric, Phone, etc)		
Clothing & Personal Care		
Transportation (gas, insurance, bus pass, etc)		
Out of Pocket Medical Expenses (copay, insurance)		
Education (siblings to student only)		
Miscellaneous		
Other (specify):		
Other (specify):		
Total:		

Monthly Income:

Income Source	Last year <u>monthly</u> average	This year <u>monthly</u> average
Net Wages		
Net Rental / Business Income		
Unemployment Benefits		
Disability / SSI Benefits		
Child Support		
IRA / Pension Distributions		
Other (specify):		
Other (specify):		
Total:		
Total plus support from others and benefits:		

Explanation:

If total expenses exceed your total income then provide an explanation below to indicate how you are meeting the remaining expenses.

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: _____