

CATHOLIC UNIVERSITY OF AMERICA

APPEAL FOR CONSIDERATION OF EXTRAORDINARY CIRCUMSTANCE

STUDENT NAME (please print: last, first, middle)

Student ID (required)

(For Example, write 2012 if appeal is for fall 2011 /spring 2012.)

Academic Year for which you are requesting a review

Email address where the Office of Student Financial Assistance can confirm receipt of appeal.

The Catholic University of America is committed to offering our best financial assistance package the first time. However, we recognize that students and their families sometimes feel that there are extenuating circumstances in their particular case, so we will honor limited requests for review that meet one or more of the conditions listed below.

A financial aid package is based on the information provided by student and parent(s) when they submit the FAFSA. The Catholic University of America uses the data submitted on the FAFSA to determine student federal aid eligibility, and in conjunction with our own institutional methodology, to determine the institutional need-based eligibility. For The Catholic University of America to consider an appeal, the family must demonstrate an extraordinary change to the data provided on the FAFSA.

Families and students must realize that financial aid funds are limited and aid programs have statutory annual limits per student. In most cases, even if an appeal meets the criteria below, any adjustment in family contribution will not result in any additional aid. **The Office of University Admissions awards scholarships based on merit only. The Office of Student Financial Assistance cannot negotiate or consider appeals for additional scholarships assistance.**

If your family has experienced a major reduction in income, the university may consider prorated current year income as a basis for figuring your need for federal assistance. The reduction must have resulted from one of the special conditions listed below, occurring during the prior or current tax year. Catholic University of America generally will not consider “fluctuations” of income caused by **self-employment, sales commissions, bonuses, gambling, or seasonal employment.**

In addition, personal debts, such as credit cards, car or home loans, and other consumer debt are not eligible for consideration as they are debts of choice rather than an extraordinary circumstance.

Prior or concurrent education loans for the student, siblings or parents will not be considered, nor will the prior or concurrent cost of private schooling for student or siblings.

Insurance premiums will not be considered. Medical expenses may only be considered in very extreme circumstances. (i.e. non-reimbursed expenses exceed fifteen percent of your family's Adjusted Gross Income). Schedule A of the 1040 will be required as documentation. Medical expense projections are ineligible for consideration.

Business losses and net operating loss carryovers are already built into the Federal formula based on your tax information and will not be considered.

Bankruptcy or tax liens will not be considered as an extraordinary circumstance.

An appeal will only be considered if it meets one or more of the conditions listed. You must read, complete, and sign the certification section of the application. All signatures must be notarized. No letter of appeal will be

considered unless it is accompanied by the official appeal form, complete tax returns and schedules, and all other requested required documentation specific to your appeal circumstance.

In addition to the requirements shown under the individual conditions, signed copies of the student's and parent's Federal Income Tax Returns must be submitted for the year under review. (For example, for an appeal of academic year 2011/2012, Federal Income Tax returns for 2010 should be submitted). Complete tax return includes all schedules and W-2 forms for that tax year. No appeal will be considered unless all required documentation is provided, if an appeal is received with missing documentation or incomplete tax returns, the appeal will be denied without review. Please staple all documentation to the appeal form and return all documentation at the same time, to the Office of Student Financial Assistance.

The Director of Student Financial Assistance has the discretion to make exceptions to the appeal policy, including the conditions of appeal and the necessary documentation requirements.

CONDITIONS:

- Parents or self-supporting student (and spouse, if married) will have had experienced an overall household income reduction of at least twenty-five percent. Loss of income must result from retirement, unemployment (defined as at least twelve consecutive weeks of unemployment), or change in employment. Enter date of change: _____.

If retiring, please include the following documentation:

- Documentation from employer detailing: effective date of retirement, year to date income and projected pension income.
- Letter from Social Security Administration detailing benefits.

If terminated, please include the following documentation:

- Letter of termination from employer.
- Last pay statement or letter from employer with year to date income.
- Letter from State Unemployment Office detailing benefit amount or benefit ineligibility.
- Letter from employer indicating details of severance package or lack of severance package.

- Untaxed income has ceased or has been reduced. Only include changes in Social Security Benefits and/or child support received that were reported on the original FAFSA application. Enter date of change: _____. Please include the following documentation:

- Documentation from third party (including contact information for verification) source that clearly shows the reduction you are claiming.

- Parent or spouse of student suffered permanent and total disability. The parent or spouse's income information had to be included on the original FAFSA application to be considered. Enter date of disability: _____. Please include the following documentation:

- Signed (stamped signature in not acceptable) letter from physician (including contact information for verification) stating the extent and duration of disability.
- Letter from employer detailing disability compensation (workman's compensation) and year to date income.

- Parent or spouse of student died. The parent or spouse's income information had to be included on the original FAFSA application to be considered. Enter date of death: _____. Please include the following documentation:

- Copy of death certificate.

- Medical expenses may be considered in very extreme circumstances. (i.e. non-reimbursed expenses must exceed fifteen percent of your family's Adjusted Gross Income and for which you have claimed a tax deduction) Insurance Premiums will not be considered and should not be included in the fifteen percent threshold. Medical expense projections are ineligible for consideration. Please include the following documentation:

- Schedule A of the tax form on which you claimed the expenses. (CUA reserves the right to request additional supporting documentation.)

ESTIMATED INCOME INFORMATION

Complete both of the sections (Gross Taxed and Untaxed) below with income before exemptions, adjustments, or deductions that you or your family expects to receive from January 1, through December 31, of the year under review. Complete all items. If there will be no income in any specific category, write zero (0) in the income box for that category.

ESTIMATED GROSS TAXED INCOME	FATHER OR STUDENT	MOTHER OR SPOUSE
1. Wages, salaries, tips (include severance pay)		
2. Pensions and annuities.		
3. Interest and dividends and capital gains.		
4. Business or farm income.		
5. Social Security benefits (taxable).		
6. Income received from rents after expenses paid for mortgage interest, taxes, and insurance.		
7. Alimony.		
8. Unemployment compensation.		
9. Any other taxed income.		
ESTIMATED UNTAXED INCOME		
1. Payment to tax deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed contributions to 401K and 403B plans.		
2. Deductible IRA and/or Keogh payments.		
3. Social Security benefits (include SSI and disability).		
4. Retirement or disability benefits.		
5. Worker's Compensation.		
6. Welfare benefits including Temporary Assistance for Needy Families (TANF). (Do not include food stamps)		
7. Untaxed portions of pensions.		
8. Living and housing allowances for clergy, military and others (including cash payments or cash value of benefits).		
9. Child support for all children.		
10. Veteran's benefits (except student's educational benefits).		
11. Railroad retirement benefits.		
12. Any other untaxed income and benefits.		
13. Cash or any money paid on your behalf, not reported elsewhere on this forms.		

Parent or self supporting students, briefly explain the reduction in your or your family's income:

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Household Information & Number in College (for the year under review)				
Full Name	Age	Relationship to Student	College	Year in College

CERTIFICATION

I certify that the information on this form is true and correct to the best of my knowledge and belief. I understand that if I underestimate my income, I may lose eligibility for future aid and/or have to repay financial aid.

Student Signature (MUST BE NOTARIZED) Date

Printed Parent Name (if student is dependent)

Parent Signature (MUST BE NOTARIZED) Date

Complete permanent address of student

Address (con't)

ALL SIGNATURES MUST BE NOTARIZED