



# Financial Aid Office 2019-20 Money Appeal

Complete this form with requested documentation, sign, date and drop off at Financial Aid office, SSC L177 or mail to Manchester Community College, Financial Aid Office, Great Path, MS #11, P.O. Box 1046, Manchester, CT 06045-1046 or fax to 860-512-3381. For more information, contact the Financial Aid office at 860-512-3380.

## STUDENT INFORMATION

|   |    |           |                  |
|---|----|-----------|------------------|
| First Name                                | MI | Last Name | Banner ID Number |
| Parent Name (for dependent students only) |    |           |                  |

If you wish reconsideration of your aid eligibility, please fill out this form and submit it to the Financial Aid office. If the information you will report or have reported on your Free Application for Federal Student Aid (FAFSA) does not accurately reflect your current financial situation, you may submit additional documentation so we can recalculate your eligibility.

If you are considered a dependent of your parents, remember to also complete the parent sections. If you are considered an independent student, you may skip the parent sections. Please feel free to use additional sheets of paper to explain extraordinary circumstances.

## PART 1: CIRCUMSTANCES FOR MONEY APPEAL

Please check box (only one) with the appropriate circumstance that applies to you and your family and submit the proper supporting documentation.

In addition to supporting documentation listed below, submit your signed copies of the 2017 Tax Return Transcripts and W2 forms. If you are a dependent student, please submit your parents' 2017 Tax Return Transcripts and W2 forms as well.

|                            |   |
|----------------------------|---|
| <input type="checkbox"/> A | You or your parent(s), if dependent, worked full-time in 2017 but lost his/her job and remained unemployed for at least 10 weeks. <i>Documentation required: Last pay stub and a statement indicating last day of employment.</i>                                       |
| <input type="checkbox"/> B | You or your parents, if dependent, have become separated or divorced after submission of your original FAFSA. Please list the date of separation or divorce: ____/____/____. <i>Documentation required: A copy of the temporary separation order or divorce decree.</i> |
| <input type="checkbox"/> C | Your parent(s), if dependent, whose 2017 income was reported on the FAFSA, died after submission of the original application. <i>Documentation required: Death certificate.</i>   |
| <input type="checkbox"/> D | Other circumstances. <i>Documentation required: Separate letter explaining in detail the income reduction in your family.</i>   |

PLEASE COMPLETE REVERSE SIDE.

# FOR OFFICE USE ONLY

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed By \_\_\_\_\_

March 2019/PR

## PART 2: INCOME INFORMATION

Please complete the income information below.

| <b>ANTICIPATED INCOME FOR 2019</b><br>If dependent and your parents are divorced or separated, give only the information of the custodial parent. | <b>Parent(s)</b> | <b>Student</b> |
|---|------------------|----------------|
| <b>Wages, salaries, tips or any other income from work</b>  | \$               | \$             |
| <b>Other taxable income Wages, salaries, tips or any other income from work</b><br>Please list:   | \$               | \$             |
| <b>Untaxed Social Security Benefits</b>   | \$               | \$             |
| <b>Unemployment benefits</b>  | \$               | \$             |
| <b>Child support</b>  | \$               | \$             |
| <b>Veteran's benefits</b>   | \$               | \$             |
| <b>Alimony</b>  | \$               | \$             |
| <b>Other untaxed income</b>   | \$               | \$             |
| <b>TOTAL ANTICIPATED INCOME FOR 2019</b>  | \$               | \$             |

## PART 3: SIGNATURES

All of the information on this form is true and complete to the best of my knowledge.

|                   |      |
|-------------------|------|
| Student Signature | Date |
| Parent Signature  | Date |