

**Massachusetts College of Liberal Arts
Financial Aid Appeal
Special Circumstances**

Student's Name: _____ SS# _____

Date: _____

The purpose of this form is to document any significant changes that have occurred in your family's financial situation that may affect your ability to cover your college costs. All appeals will be considered on a case by case basis. Your appeal and supporting documentation will be reviewed to determine if adjustments should be made. You will be notified in writing about the outcome of your appeal.

Please describe the basis of your appeal (if necessary, additional sheets may be attached):

Parent(s)

Estimated earnings for the 2008 calendar year
***Attach recent copies of pay stubs for each job worked in 2008.**

Please provide estimated earnings for the parent or parent's in the household for 2008.

| | | | | |
|--------------------|---|--------------------|---|----------|
| _____ | + | _____ | = | \$ _____ |
| Mother/ Stepmother | | Father/ Stepfather | | |

Estimated 2008 Unemployment Benefits –
 Weekly Amount _____
 Number of Weeks Received _____ \$ _____
***Attach benefits letter or copy of check.**

Other Taxable Income – \$ _____
 2008 Interest/Dividend Income
 Rental Property/Investment Income

Estimated untaxed income for the calendar year \$ _____
 Social Security, AFDC
 Child Support Received (for all children)
 Retirement Benefits
 Workmen's compensation
 Disability
 Other sources of untaxed income _____
 i. e. Tax deferred pension
***Attach copies of appropriate documentation for verification.**

*****Total Projected Income for 2008 (Jan 1, 2008 – Dec. 31, 2008)calendar year** \$ _____

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If you have not already done so, you must submit signed copies of both student and parent 2007 Federal Tax Returns. Please note, appeals will not be reviewed unless we receive all necessary documentation.

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Other Special Circumstances:

_____ **Medical Expenses** – if you have **paid** medical expenses that are not covered by insurance, please provide copies of all bills and payment receipts for 2007. **All documentation must be submitted in order for us to review your appeal.**

_____ **One-time Distribution of Income** - Severance pay received during the 2007 calendar year or other one-time receipt of income. **A copy of appropriate documentation must be attached for verification.**

Certification:

I attest that the figures listed above represent an accurate and realistic estimate of our 2008 income, earnings and benefits. I have attached supporting documentation of this information. I understand that the penalty for submission of fraudulent information on this form may be repayment of monies received, plus a fine, imprisonment, or both.

Student's Signature _____

Date: _____

Parent's Signature _____

Date: _____

PLEASE RETURN YOUR COMPLETED FORM TO:
MASSACHUSETTS COLLEGE OF LIBERAL ARTS, FINANCIAL AID OFFICE, 375 CHURCH STREET
NORTH ADAMS, MA 01247, TEL. (413)662-5219 OR FAX (413) 662-5105