



Student Information

*Financial Aid Department
570 Golden Eagle Avenue
Quincy, CA 95971
2009-2010*
**STUDENT APPEAL FOR UNUSUAL
CIRCUMSTANCES**

Student's Last Name	First Name	M.I.	Student ID
Email Address			Phone Number (include area code)

The Feather River College Financial Aid Office has the authority to make adjustments to an individual's federal student aid application based on special conditions within the household. Anyone requesting an appeal must also go through the verification process. It is important to know that not all changes in circumstances will result in an adjustment to the student's aid eligibility. When reviewing an appeal the Financial Aid Office takes into account the availability of funds and the nature of the change in circumstances. Before an appeal can be considered, the 2009-10 FAFSA must have already been filed. Check the appropriate item(s) that apply to your circumstances and follow the corresponding instructions. Complete the Estimated Income Section, attach the required documentation, sign the form and submit it to the Financial Aid Office.

You, or your spouse, have experienced one of the following:

- Loss or reduction of income. Was employed in 2008, but have since experienced a loss of job or reduction in income.**
DOCUMENTATION: Provide a written, signed statement that describes the circumstances. If collecting unemployment, provide documentation/letter from a state agency showing unemployment benefits. If unemployed but not collecting unemployment or if hours or earnings have significantly been reduced, provide a copy of a signed letter documenting the change on business letterhead.
- Involuntary loss or reduction of child support, untaxed IRA distributions or pensions, or taxable Social Security benefits.**
DOCUMENTATION: Provide a signed letter from the above agency that shows a reduction or elimination of benefits. The letter must include the effective date of the child support, IRA, pension or social security benefit change and the revised benefit amount.
- Excessive medical/dental expenses paid in 2008 by you or your spouse.**
DOCUMENTATION: Provide a copy of IRS Tax Schedule A if a federal tax return was filed and deductions were itemized.
AND
Provide a statement from each medical, dental or insurance provider documenting the amount you paid after insurance was billed and paid the provider between January 1 and December 31, 2008.
- Separation or divorce after the 2009-2010 aid application was completed.**
DOCUMENTATION: Complete the 2009-2010 Student Divorced/Separated Statement at the end of this form.
- Death of a spouse whose income was reported on the 2009-2010 aid application.**
DOCUMENTATION: Attach a certified copy of the death certificate or a published obituary from a dated newspaper.

Last Name First Name M.I. Student ID

2009-2010 Student Divorce/Separated Statement

Submit this page ONLY if separation or divorce is reason for your reevaluation.

All questions must be answered; indicate zero if the question does not apply.

Current Marital Status

Indicate your marital status as of today:

Married Remarried Separated Divorced

_____ Date of most recent marital status
MM/DD/YY

_____ Number of family members in your household, which includes yourself, your spouse (if married today); your children who receive more than half their support from you/your spouse from July 1, 2009 through June 30, 2010; and other people who live with you/your spouse and you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

_____ Number of above family members who are, or will be, attending college in the 2009-2010 academic year. Always count yourself, plus any other family members who attend at least half-time.

Former Spouse's Information

Please provide the following information about your former spouse:

Last Name First Name Date of Birth

Street Address City State Zip Code

Is this person currently a student at Feather River College? Yes No

<u>Other Sources of Income</u>			<u>Division of Assets</u>	
	2008	2009	Do you have full or partial ownership of assets, such as real estate, savings, investments, etc., other than the home in which you live? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total child support received for all children	\$ _____	\$ _____	If YES, What is the TOTAL value of the asset(s)? \$ _____	
Alimony or spousal support you received	\$ _____	\$ _____	What is the TOTAL debt on the asset(s)? \$ _____	
			What is your percentage of ownership: _____%	

Who makes the rent or mortgage payment on your permanent residence?

_____ Amount paid per month \$ _____
Last Name First Name

Relationship to student

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have given on this form.

Student's Signature Date