Thank you for requesting an appeal for the 2016-2017 academic year. By completing this form you are indicating that there has been a **substantial** change in your family’s financial situation and you would like the Office of Financial Aid Services (FAS) to take this updated information into consideration when reviewing your eligibility for financial aid.

**STEP 1: Situation Description** - Please check the box that **BEST** describes the change in your situation.

- **□ Lay Off**  
  *Provide ALL of the following:*  
  - letter from employer indicating effective date and any severance benefits  
  - statement from Unemployment Office outlining benefits  
  - final pay stub from laid off position  
  - three most recent pay stubs of **all** current positions for both parents

- **□ Wage Reduction**  
  *Provide ALL of the following:*  
  - letter from employer indicating effective date with prior and current hours per week  
  - three most recent pay stubs from all places of employment for parent(s)

- **□ Parent Retirement**  
  *Provide ALL of the following:*  
  - letter from employer documenting retirement date and **benefits** received  
  - final pay stub for retired parent  
  - last three pay stubs for parent still working

- **□ Parental Separation**  
  *Provide ALL of the following:*  
  - documentation indicating effective date of separation  
  - documentation confirming two separate addresses including but not limited to, a copy of a current lease, utility bills, mortgage statements, etc.

- **□ Parental Divorce**  
  *Provide the following:*  
  - legal documentation indicating effective date of divorce

- **□ Parent recently deceased**  
  *Provide ALL of the following:*  
  - death certificate or obituary from newspaper  
  - statement of **ALL** benefits received as a result of death

- **□ Private High School Tuition incurred**  
  Provide receipts showing charges **paid** in 2015 & skip Step 2

- **□ Medical expenses incurred in 2015 NOT covered by insurance**  
  Provide receipts showing charges **paid** in 2015 & skip Step 2

- **□ Withdrawal from IRA or Pension**  
  Provide statement or receipts indicating how funds were utilized.
### STEP 2: Student/Parent Projected 2016 Income

Complete the following section. Attach all supporting documentation specified in the situation description you checked in Step 1 and additional documentation to support your appeal. Do not leave any item blank; enter “0” where appropriate.

Please include the total amounts that you and your parents have received/earned and expect to receive/earn in 2016.

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxable Wages</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Severance Pay</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>IRA/Pension Distributions</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Disability Income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Interest and dividend income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Rental/business/capital losses/gains</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Food/Housing/Living allowance</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Income (source):</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### STEP 3: Actual 2015 Income

Where applicable, please check the box and attach the following information.

- A written statement detailing the reason for your appeal
- 2016-2017 Dependent Verification Worksheet
- Student 2015 W2’s
- Student 2015 IRS Tax Return Transcript
- Parent 2015 W2’s
- Parent 2015 IRS Tax Return Transcript
- I have previously submitted all of the above

**The review of your appeal may be delayed if ALL documentation has not been provided.**

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a $20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Financial Aid Services  
PO Box 850, Randolph, MA 02368  
617.287.6300 (p) 617.287.6323 (f)