

2023-24 Student Appeal



FINANCIAL AID OFFICE | 3003 Snelling Avenue North | St. Paul, MN 55113-1598 | 866-853-2455 | 651-631-5212
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The U.S. Department of Education gives the Financial Aid Office the authority to make adjustments to a student's financial aid eligibility when financial circumstances arise that are out of the control of the student. Please check the appropriate section that matches your situation. Submit the appeal form with supporting documentation to the Financial Aid Office. An incomplete form and incomplete documentation will delay the appeal process.

Once the Financial Aid Office has received your completed appeal form and all of the appropriate documentation, we will process your appeal and will notify you of the results. We will contact you if further clarification of your appeal or additional documentation is needed. Submission of an appeal does not guarantee a change in financial aid eligibility.

DEADLINE FOR SUBMITTING AN APPEAL FOR 2023/2024: MARCH 31, 2024

DEADLINE FOR NURSING STUDENTS STARTING IN SUMMER '24: JUNE 30, 2024 (nursing students only)

PLEASE CHECK THE APPROPRIATE SECTION (S): (Complete only the section(s) that apply to you)

If you are a dependent student, for the purposes of FAFSA, submitting an appeal for reduction of income will most likely not have an impact on your financial aid eligibility. If you are an independent student, for the purposes of FAFSA, an appeal for reduction of income may have an impact on financial aid eligibility.

STUDENT REDUCTION IN INCOME OR REDUCTION IN UNTAXED INCOME

Provide the month and year that your income changed or your spouse's income changed: _____

- Required Documentation:
 - Provide all current pay stubs for self and spouse and your signed 2021 Tax Return (including all schedules). If completing the appeal after May 2023, provide your signed 2022 Tax Return (including all schedules). If receiving unemployment benefits, provide a copy of benefits statement from the government.
 - For loss or reduction of untaxed benefits, provide a copy of the court order or notice of termination of benefits from the appropriate agency (example: child support received).

Are you self employed? (check one) Yes _____ No _____

Is your spouse self-employed? (check one) Yes _____ No _____

If you and/or your spouse is self-employed, provide your projected earnings. List only income from self-employment:

Name of Self-Employed Person	2023 Projected Self-Employment Earnings	2024 Projected Self-Employment Earnings

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ADDITIONAL COLLEGE EXPENSES, SUCH AS 2024 SUMMER SCHOOL, CHILD CARE, ETC

If you need to increase your school year budget, you may provide your budget information in the right-hand column. Increasing your budget will not increase your eligibility for need-based grants, but it may increase your eligibility for loan funds.

- Required Documentation:
 - Provide documentation to support your additional expenses. This could be receipts for items purchased, bank statements showing your monthly expenses, copies of checks etc.

COSTS	STANDARD 9-MONTH BUDGET	YOUR SCHOOL YEAR BUDGET
Tuition	\$ 35,970	\$ _____
Housing (Room)	\$ 6,500	\$ _____
On-Campus Food Plan	\$ 4,648	\$ _____
Activity/Health/Tech. Fees	\$ 860	___ NOT APPEALABLE ___
Books/Supplies/Materials/Equipment	\$ 700	\$ _____
Transportation	\$ 1,460	\$ _____
Additional Food Allowance	\$ 1,134	\$ _____
Personal Expenses	\$ 990	\$ _____
Other _____	\$ _____	\$ _____
TOTAL COSTS	\$ 52,262	\$ _____

If you are independent, for the purposes of FAFSA, and you have other unusual financial situations that are not listed on this form, briefly explain your circumstances. You will be required to provide documentation to support your claim. Situations that warrant an appeal include uninsured medical/dental expenses, private tuition paid for children in high school/elementary school, significant support of an extended family member. These situations do not warrant an appeal: tithing/charitable giving, mortgage payments, wedding/vacation/mission trip expenses, all consumer debt, standard living expenses (i.e., housing, car, credit card expenses). Use additional pages if necessary. _____

Student Name _____ Student Signature _____

SSN or UNW ID # _____ Date _____