OFFICE OF FINANCIAL AID
FINANCIAL AID APPEAL PROCESS 2015-2016

What is it the Financial Aid Appeal Process?

The Office of Financial Aid at Rowan University recognizes that situations occur which may affect a student’s eligibility for federal need-based financial aid. Through the use of professional judgment, financial aid administrators have the authority to make adjustments on a case-by-case basis to a student’s FAFSA provided that supporting documentation has been submitted to our office.

Initiation of Appeals

Appeals can be initiated by completing the attached worksheet and submitting the required documentation. Once your appeal is received and the situation has been documented, a financial aid officer will review it and notify you of the result.

The approval of the appeal and changes made by the financial aid officer may or may not result in increased financial aid eligibility.

Depending upon availability and certain State deadlines, you will be re-considered for Federal and State funds including: Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, Federal Work Study, Federal Student Loan Programs and Tuition Aid Grant.

Additional Documentation

In order to make changes to a student’s financial aid information, documentation of changes in circumstances must be submitted. All required documentation is listed with each appeal condition and must be submitted with the completed worksheet explaining your special circumstances for the appeal. It is important to include the dates the change of circumstances began on the worksheet.

Please include the student’s name and Rowan ID# on the top of each page.

All appeals and documentation must be submitted by April 1, 2016 for the 2015 - 2016 academic year.

Rowan University
Office of Financial Aid
Savitz Hall, 1st Floor
201 Mullica Hill Road
Glassboro, New Jersey 08028-1701

EFC January 2015
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<tr>
<th>CHECK</th>
<th>REASON FOR APPEAL</th>
<th>DOCUMENTATION REQUIRED</th>
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| ☐     | Loss of Income of parent(s) Unemployment (at least 10 weeks in 2015) | □ Provide Date of Unemployment on worksheet  
□ Provide Date Unemployment Benefits Began on worksheet  
□ Copy of Notice to Claimant of Benefit Determination showing weekly benefit  
□ Copy of last paystub(s) from all sources for unemployed that includes year-to-date income earned  
□ 2014 IRS Tax Return Transcript  
□ Copy of 2014 W2 statements for affected wage earner |
| ☐     | Loss of income student and/or spouse Unemployment (at least 10 weeks in 2015) | □ Provide Date of Unemployment on worksheet  
□ Provide Date Unemployment Benefits Began on worksheet  
□ Copy of Notice to Claimant of Benefit Determination showing weekly benefit  
□ Copy of last paystub(s) from all sources for unemployed that includes year-to-date income earned  
□ 2014 IRS Tax Return Transcript  
□ Copy of 2014 W2 statements for affected wage earner |
| ☐     | Loss of Unemployment Benefits | □ Provide Denial of Unemployment Benefits with explanation  
□ Provide date of loss of Unemployment Benefits and proof of loss of benefits on worksheet  
□ Copy of last paystub for unemployed individual that includes year to date income earned  
□ 2014 W2 forms for the affected wage earner  
□ 2014 IRS Tax Return Transcript |
| ☐     | Loss of benefits  
Child Support  
Taxable Social Security  
Other sources of income | □ Copy of benefits received Social Security 1099 form  
□ 2014 IRS Tax Return Transcript including all schedules  
□ Provide information of type and amount of lost benefit and date of benefit termination  
□ Provide copy of letter/notice from the agency that has terminated the benefits  
□ If benefits are reduced-documentation of both original amount, date of reduction, and reduced amount |
| ☐     | Change in income  
Decrease in work hours  
Job change/underemployment | □ Provide date of change in income on worksheet  
□ Year-to-date pay stubs from all sources of affected person  
□ 2014 IRS Tax Return Transcript  
□ Copy of 2014 W2 statement for affected wage earner |
| ☐     | Retirement | □ Provide date of Retirement on worksheet and include relationship to Student  
□ Proof of amount of pension benefit, if applicable  
□ Proof of amount of Social Security Benefits  
□ Job from which retired — provide final pay stub  
□ Year-to-date pay stubs from other sources of affected person  
□ 2014 IRS Tax Return Transcript |
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| ☐     | Disability       | ☐  Provide Date of Disability on worksheet  
|       |                  | ☐  Provide Date Disability payments began on worksheet  
|       |                  | ☐  Provide weekly amount of disability payments – with documentation  
|       |                  | ☐  Is the disability permanent? Yes or no  
|       |                  | ☐  If yes, provide documentation of monthly amount of Social Security Benefit  
|       |                  | ☐  2014 IRS Tax Return Transcript  
| ☐     | Elementary & High School Tuition to be Paid by student or parent for other children to attend a private or parochial school in the 2015/2016 school year | ☐  Provide name of child for whom tuition is being paid  
|       |                  | ☐  Submit the term bill for the most recent 2015/2016 term for each child with enrollment confirmation on school’s letterhead  
|       |                  | ☐  2014 IRS Tax Return Transcript  
| ☐     | Family Situation Change Separation Divorce Death | ☐  Provide name of affected person and relationship to student  
|       |                  | ☐  Provide date of change in family situation on worksheet  
|       |                  | ☐  Provide proof of separate residences  
|       |                  | ☐  Divorce Decree  
|       |                  | ☐  Copy of death certificate  
|       |                  | ☐  Provide documentation on monthly benefits received, if any (Social Security, Alimony, Child Support)  
|       |                  | ☐  2014 IRS Tax Return Transcript  
| ☐     | Medical/Dental Expenses NOT covered by Insurance Health Insurance Premium Payments such as COBRA | ☐  2014 IRS Tax Return Transcript  
|       |                  | ☐  Proof of health insurance payments  
| ☐     | Non-Recurring Income Lottery Winnings IRA Distribution One-Time Pension Withdrawal | ☐  Provide nature and amount of income and an explanation why it is not reasonable to expect the income to repeat next year  
|       |                  | ☐  2014 IRS Tax Return Transcript  

**Important Notes:**

- Additional information may be requested after providing the documentation listed, including the completion of the verification process.
- Approval of appeal does not guarantee receipt of additional financial aid.
- Include the student’s name and Rowan ID number on every page of documentation.
- Allow at least three weeks after submitting all requested documents for your appeal results.
- Do not submit appeals that do not include all requested documentation.
- Student must have completed the FAFSA (www.fafsa.ed.gov) for the current aid year online.
- Return checked appeal conditions form and worksheet.

**To Request a 2014 IRS Tax Return Transcript: This is a free service**

- Go in person to your local IRS Office.
- Go online @ www.irs.gov.
- By mail using IRS Form 4506T-EZ.
- By phone call 1-800-908-9946.
2015-2016 Change in Financial Circumstances Worksheet
Please describe the change in circumstances below: *(required for all appeal conditions)*

Please include the dates the change in circumstances began __________________________

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By signing this form, I verify that the information submitted with this appeal is true and accurate to the best of my knowledge.

Student Signature __________________________________________ Date _________________

Parent Signature __________________________________________ Date _________________

(Required for Dependent students only)

Rowan ID# __________________________________________