

Name: _____

Student ID #: _____

Students appeal for financial assistance for a number of reasons. Appeals must be accompanied by all documentation requested. Incomplete appeal submissions will be returned to the student for completion. Appeals should be completed by the **student** and not the parent. Please read this form carefully. If you have any questions, call Student Financial Services toll-free at (877) 372-7347.

 APPEALING FOR ADDITIONAL FINANCIAL ASSISTANCE

Franklin Pierce University makes its best offer of financial assistance in the initial award letter sent to students. This is part of our effort to work in partnership with the student and his/her family in order to finance a Franklin Pierce University education. Thus, requests for additional funding should be based on special circumstances of which the Student Financial Services staff might have been unaware of at the time the student's financial aid application was reviewed. Some examples of special circumstances include the following: divorce; medical bills; loss of income; or death of a parent. Please note that home repairs, private school education, weddings, and major purchases will not be considered as special circumstances warranting an appeal. Please complete Sections A, B, and C. A detailed letter from the student explaining the special financial circumstances facing his/her family is also required.

 APPEALING FOR EXTENSION OR REINSTATEMENT OF FINANCIAL ASSISTANCE

Extension: Franklin Pierce University funding awarded at the time of admission, as well as the Franklin Pierce Grant program, is offered for eight consecutive semesters only (four years). Students that do not complete their program in eight semesters can appeal for a ninth semester of financial aid. Please attach a detailed letter that explains why you have not completed your academic program in eight semesters and when your program will be completed. In addition to this letter, please complete Section C of this form.

Reinstatement: Students that are readmitted to the University after a leave of absence or full withdrawal can appeal to have their previous financial aid reinstated. Please attach a detailed letter that explains why you took a leave of absence or withdrew from the University and when you expect to complete your program. In addition to this letter, please complete Section C of this form.

SECTION A—EXPENSES/INCOME - PLEASE CHECK ONE

1. You, your parents or spouse have unusual medical or dental expenses not covered by insurance.
Documentation: Copies of the actual receipts or statements for medical and dental expenses paid in 2018 or incurred in 2019, signed 2018 federal tax returns, all schedules and W-2s. Do not include amounts covered by insurance, your company or self-employed health deductions.
Continue to Sections B and C – you do not need to complete the income chart on page 2.
2. You, your parents or your spouse have had a significant loss of income in 2018 due to a period of unemployment, change of jobs or going from full-time to part-time employment.
Documentation: Copies of signed 2018 federal tax returns, schedules and W-2s, statement of employment termination (when writing the personal statement the student/parent/spouse must indicate when employment was terminated and for what reason), 2018-19 financial documents (last pay stub, unemployment benefit rate letter, current public assistance budget, etc.) for whoever is suffering the income change.

Complete the income chart on page 2 & continue to Sections B and C.

| Source of Income | Actual Income (Jan. 2019 to Present) | Estimated Income (Present to Dec. 2019) | Total Income (add Actual and Estimated) |
|-------------------------------|---|--|--|
| Student's wages | | | |
| Spouse's wages | | | |
| Parent's wages | | | |
| Unemployment or Worker's Comp | | | |
| Severance Pay | | | |
| Child support | | | |
| All other taxed income | | | |
| All other untaxed income | | | |
| Total: | | | |

SECTION B—HOUSEHOLD INFORMATION

List all people that you, your parents or your spouse will support between July 1, 2019 and June 30, 2020. You must include: yourself, your parents or your spouse, siblings or dependent children, and other people who receive more than half of their support from you, your parents or your spouse. Support includes meals, clothing, shelter, schooling, etc., that will continue through June 30, 2020.

List the individuals' ages, their relationship to you and, if applicable, the college they will be attending, the degree program they are enrolled in (Undergraduate or Graduate) and whether their attendance is less than half, half or full-time. Please begin the chart with all pertinent information about yourself.

| Full Name | Age | Relationship | College | Program | Enrollment |
|----------------------|-----|------------------|----------------------------|---------|------------|
| Example: Janet Jones | 25 | Self | Franklin Pierce University | BA | Full-time |
| | | Self | | | |
| | | Spouse or Parent | | | |
| | | Parent | | | |
| | | Child or Sibling | | | |
| | | Child or Sibling | | | |
| | | Child or Sibling | | | |

SECTION C—CERTIFICATION

I (we) certify that all the information provided is correct to the best of our knowledge and that we have attached appropriate documentation. I (we) will notify the Student Financial Services office of any changes that occur subsequent to submitting this appeal.

Student Signature

Date

Spouse Signature (if applicable)

Date

Parent Signature (required for dependent students)

Date

Return this form and any other related documents **via email:** osfs@franklinpierce.edu; **via FAX:** (603) 899-4372; **or via mail:** Student Financial Services, Franklin Pierce University, 40 University Drive, Rindge NH 03461