



\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**INSTRUCTIONS:** You are submitting this appeal to request a review of extenuating circumstances not represented your financial aid application. Attach your statement and supporting documents. **We will neither accept nor process changes without documentation.** All other requested financial aid documents must be submitted before your request for recalculation can be processed. We may contact you to request additional information if the circumstances are not well explained/documented. Only certain circumstances qualify for review and all decisions are final. No new information will be considered once a decision has been made. *Please note: Applications may take as long as 4 to 8 weeks to process.* You will be notified of the acceptance or denial of this application via your College of the Siskiyous student email.

**SECTION 1. Check boxes below to indicate reason(s) for Loss of Income or Benefits**

- Student and/or Spouse’s 2016 income and/or benefits will be LESS than 2015 due to:
- Student and/or Parent(s) 2016 income and/or benefits will be LESS than 2015 due to:
- Loss of Employment  Job Change
- Reduction in Work Hours  Loss of Benefits (child support, unemployment, etc.)
- One Time Income Received  Other (Specify) \_\_\_\_\_

**SECTION 2. Attach a detailed statement explaining how your financial circumstances have changed in 2016. Your statement should explain clearly how your circumstances have changed over the year, what type of income you now are earning, how much assistance you are receiving or if you are no longer receiving any wages or benefits.**

**Write your statement in chronological order, beginning in January 2016 and proceeding to December 2016.** Please include all relevant information, including the following:

- Financial changes that have taken place (*ex: loss of job, reduction in hours, new employment, unusual expenses, etc.*).
- Date of financial change. If any income or benefits have stopped, please state clearly when they stopped.
- Income amount received before and after the financial change occurred (*may need to estimate future income*).
- Past and present employment information (*ex: place of employment, date range, pay rate, etc.*).
- Status of unemployment/disability benefits (*ex: start and end dates of benefit, benefit amount(s) received, etc.*).
- If you receive no income from wages or any type of benefit, state this clearly (*ex: unemployment, disability, etc.*).
- Any other additional information that will help describe your financial situation.

**Independent Students:** If you are married, you must also state the above information for your spouse.

**Dependent Students:** If you are a dependent student, you must state the above information for your parent(s).

**\*BOTH SIDES OF THIS FORM MUST BE COMPLETED & BE SURE TO SIGN\***

**SECTION 3. Use the checklist below to specify the type of document(s) that are attached.**

- A letter from your former employer identifying the change (loss of employment and/or reduction of work) and the date of when it occurred. The letter must be on company letterhead.
- A copy of your most recent pay stub showing the year-to-date earnings (if this document is submitted before Jan 1, 2017) or a **W-2 and 2016 Tax Return Transcript (if this document is submitted after Jan 1, 2017)**.
- A copy of your most recent check stub from unemployment, Social Security or other types of financial assistance (if applicable).
- Other *(Please specify)*:

**SECTION 4. Enter the current (year-to-date) and projected 2016 wage income and/or benefit amount(s):  
(DO NOT LEAVE STUDENT SECTION BLANK)**

	STUDENT	SPOUSE/PARENT(S)	
<b>Current Year-to-Date wages</b>			
<b>From Jan 2016 through today:</b>	\$ _____	\$ _____	<b>From: Jan 1, 2016 to: _____</b> <i>(today's date)</i>
<b>Projected wages from today through Dec 2016:</b>	\$ _____	\$ _____	<b>From: _____ to: Dec 31, 2016</b> <i>(today's date)</i>
<b>Other projected benefits/income*</b>	\$ _____	\$ _____	<b>From: Jan 1, 2016 to: Dec 31, 2016</b>
<i>*(Include unemployment, disability, social security, pension and/or other income not reported in wages above. Please list the sources below)</i>			
SOURCE	_____	_____	
SOURCE	_____	_____	
SOURCE	_____	_____	

Additional information (include information that gives the most relevant understanding of your financial change):

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**CERTIFICATION:** *All of the information on this form is true and complete to the best of my knowledge. I understand that the information submitted is subject to verification. I understand that if I do not provide documentation, my request for review of special circumstances will not be processed. False statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.*

Student Signature <i>(required)</i>	Date	Parent Signature <i>(required if dependent student)</i>	Date
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**Fall Only Deadline: October 29, 2016**  
**Spring/ Full Year Deadline: March 24, 2017**