

Appeal Application 2009-2010

If you wish to appeal the aid decision rendered by the Office of Financial Aid you must complete this application in full. Please remember the Office for Financial Aid extended the best possible offer to you based on available funding and information reported on your application. **Appeals should only be based on new or changing information, which was not included in your original application.**

Note for new students: Suffolk University does not “match” offers from other schools. Appeals filed on that basis will not result in an increased award package.

Name: _____ I.D. # _____ Soc. Sec. # ____-____-____

Address: _____
Street City State Zip

Home phone: (____)____-____ Work phone: (____)____-____ E-mail address _____

1. Indicate basis for appeal: check appropriate line(s):

- Death of a family member (Indicate name and relationship to you) _____
 Illness
 Loss of your job
 Loss of parent's job
 Other _____

2. Indicate your grade level for 2009-2010

- Freshman
 Sophomore
 Junior
 Senior
 Graduate

3. Indicate the number of credits enrolled in/planning to enroll in for following semesters
Fall 2009 _____ Spring 2010 _____

- 4. Student's (and spouse's) projected 2009 taxable income** \$ _____
Student's (and spouse's) projected 2009 untaxed income/benefits \$ _____
If applicable, your parents' 2009 projected taxable income \$ _____
If applicable, your parents' 2009 projected untaxed income/benefits \$ _____

(Over)

