

Suffolk University

• Office of Student Financial Services • 73 Tremont Street • Boston, MA 02108
617-573-8470 • 617-720-3579 (fax)

2020 – 2021 Covid-19 Appeal Application

Suffolk University understands the negative impact the COVID-19 pandemic has had on our community. We are working with our students to determine best options for them during these challenging times. If you or your parents have been negatively impacted due to Covid-19, please complete this application. All appeals will be considered for additional assistance based on availability of funds.

Please note, any additional funding granted due to this Covid-19 appeal will be for the 2020-2021 academic year only. A determination on the availability of funding in future academic years will be made based on the COVID-19 economic impact and the availability of funds at that time.

Student's Name _____ Student ID _____

Phone number _____ Email _____

Check all that apply	Reason for Appeal	Date of occurrence	Documentation to include with appeal
<input type="checkbox"/>	For Parent: Loss of employment or decrease in income for parent due to Covid-19.		<ul style="list-style-type: none"> • Letter from employer documenting employment status (e.g. full-time to part-time employment, reduction in salary, or termination). • Unemployment Benefits statement (if available).
<input type="checkbox"/>	For Student: Loss of employment or decrease in income for student due to Covid-19.		<ul style="list-style-type: none"> • Letter from employer documenting employment status (e.g. full-time to part-time employment, reduction in salary, or termination). • Unemployment Benefits statement (if available).
<input type="checkbox"/>	Unreimbursed medical or dental expenses paid as a result of COVID-19.		<ul style="list-style-type: none"> • Provide a summary of PAID unreimbursed expenses (deductibles, co-pays, after tax insurance, prescription medications, expenses for durable medical equipment, and other amounts not covered by insurance) for 2020.
<input type="checkbox"/>	Other reason (please explain.)		<ul style="list-style-type: none"> • Provide documentation to support your claim.

Please provide a brief explanation of your situation:

Please remember to attach supporting documentation to this application.

Submitting this form does not guarantee an adjustment or increase in your financial aid. In the event that we are not able to offer additional financial aid please review the alternative financing options and payment plans available to help finance your education.

- Information regarding the Parent PLUS Loan and private/alternative loan options is available on our website at <https://www.suffolk.edu/student-financial-services/types-of-financial-aid/undergraduate-students/ug-loan-financing-options>.
- Information on the university payment plan is available on the Bursar's Office website at <https://www.suffolk.edu/about/directory/bursars-office/payments-refunds/payment-methods/payment-plans>.

Your signature below indicates that you understand this appeal process and you understand any additional funding awarded as a result will be for the 2020-21 academic year only.

Student's signature

Date

Parent's signature

Date