2020 – 2021 Appeal Application for Additional Aid

If you wish to appeal the aid decision rendered by the Office of Student Financial Services you must complete this application in full. Please remember the Office of Student Financial Services extended the best possible offer to you based on available funding and information reported on your application.

Appeals should only be based on new information or information that has changed since your 2020-21 FAFSA was filed. Appeals will not be considered until the student’s file has been verified.

Note to new students: Suffolk University does not “match” offers from other schools. Appeals requesting an award match from another university will not result in an increased award package.

Student’s Name _________________________________ Student ID _____________________________
Address ______________________________________________________________________________

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
   _____ Change in income for student (refer to item 4 below)
   _____ Change in income for parent(s) (refer to item 4 below)
   _____ Other __________________________________________

2. Indicate your grade level for 2020-2021
   _____ Freshman
   _____ Sophomore
   _____ Junior
   _____ Senior
   _____ Graduate
   _____ Law Student

3. Indicate the number of credits enrolled in/planning to enroll in for following semesters:
   Fall 2020 _____  Spring 2021 _____

4. Your 2020-21 FAFSA reported 2018 tax information. If you are appealing based on a change in income from one year to next, please provide 2019 income/benefits below.

   Student’s (and spouse’s) 2019 Adjusted Gross Income (AGI) $ ___________
   Student’s (and spouse’s) 2019 untaxed income/benefits $ ___________
   If applicable, your parents’ 2019 Adjusted Gross Income (AGI) $ ___________
   If applicable, your parents’ 2019 untaxed income/benefits $ ___________

(Over)
5. Explanations/Comments:

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
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All appeals must be accompanied by supporting documentation. For example, if you are appealing as a result of illness, include copies of medical bills, doctor’s statements, etc. If you are appealing on the basis of unemployment, you must submit verification such as a letter from your employer, copies of your last pay stub, verification of unemployment benefits, etc. Please remember to attach supporting documentation.

Note: If you receive any additional funding through the appeal process for this academic year, renewal of that funding may not be awarded for subsequent years. In other words, increased aid awarded now is not guaranteed for the future. Your signature below indicates that you understand this appeal process. If you are a dependent student, your parent must also sign this form.

x _________________________________
Student’s signature

x _________________________________
Parent’s signature
(Email must also sign if student is dependent)

__________________________________________ ________________________
Date

__________________________________________ ________________________
Date