

**Suffolk University**

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

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**2021 – 2022 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 has already extended our best possible offer based on available funding and information reported on your application.

**This appeal should be based on ‘new’ information or information that has changed since your 2021-22 FAFSA was filed. If the student’s file has been selected for Verification, the file must be complete and verified before this appeal will be reviewed.**

**\*\* Families negatively affected by Covid19, should request and complete the 2021-2022 Covid19 Appeal Application. Please do not complete this appeal application. \*\***

**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.**

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**Student’s Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**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
- \_\_\_\_ Change in income for student (refer to question 4 below)
- \_\_\_\_ Change in income for parent(s) (refer to question 4 below)
- \_\_\_\_ Other \_\_\_\_\_

**2. Indicate your grade level for 2021-2022**

- \_\_\_\_ Freshman
- \_\_\_\_ Sophomore
- \_\_\_\_ Junior
- \_\_\_\_ Senior
- \_\_\_\_ Graduate
- \_\_\_\_ Law Student

**3. Indicate the number of credits enrolled in/planning to enroll in for following semesters:**

**Fall 2021** \_\_\_\_\_

**Spring 2022** \_\_\_\_\_

4. Your 2021-22 FAFSA reports 2019 tax information.

**\*If you wish to appeal based on a change in income from tax year 2019 to tax year 2020, please provide 2020 income/benefits below and submit signed copies of 2020 federal tax returns.**

Student's (and spouse's) 2020 Adjusted Gross Income (AGI)	\$ _____
Student's (and spouse's) 2020 untaxed income/benefits	\$ _____
Parent(s) 2020 Adjusted Gross Income (AGI)	\$ _____
Parent(s) 2020 untaxed income/benefits	\$ _____

**\*If you wish to appeal based on a change in income from tax year 2019 to tax year 2021, please provide an estimate of 2021 income and benefits, both taxable and untaxed.**

Projected 2021 income for student: \_\_\_\_\_

Projected 2021 income for parent(s): \_\_\_\_\_

5. Explanation/Comments. Please indicate reason for the appeal:

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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

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Parent's signature  
(Parent must also sign if student is dependent)

\_\_\_\_\_  
Date