

Please Check	Reason for Appeal	Required Documentation
<input type="checkbox"/>	<p>High medical, educational, or family expenses</p> <p>*expenses must be for the previous tax year</p>	<p>Medical:</p> <ul style="list-style-type: none"> ➤ Documentation of medical bills paid during prior tax year. If there is an ongoing condition, please provide documentation and/or estimate of treatment costs <p><i>NOTE:</i> Explanation of Benefits from insurance provider is not acceptable documentation</p> <p>Educational (parent in college as required by employer):</p> <ul style="list-style-type: none"> ➤ Documentation from employer indicating that enrollment is required ➤ Copy of paid tuition bill ➤ Income, Expense, and Benefit Worksheet, if employment is affected <p>Educational (support for a full-time student in Graduate/Medical/Law School):</p> <ul style="list-style-type: none"> ➤ Copy of Financial Aid Notification indicating required parent contribution ➤ Detailed listing/documentation of support to student provided during the academic year <p>Family:</p> <ul style="list-style-type: none"> ➤ Documentation of support to relatives outside of the immediate family (cancelled checks, wire transfer records, statement from recipient indicating amount received, etc.)
<input type="checkbox"/>	<p>Other reason not listed</p>	<ul style="list-style-type: none"> ➤ Please provide a detailed description of the basis of appeal and documentation supporting your request for reconsideration <p><i>NOTE:</i> we are unable to consider appeals based on circumstances that include but are not limited to:</p> <ul style="list-style-type: none"> • High consumer debt • Personal Expenses (pets, cars, housekeepers, vacations, sports, etc.) • Expenses that have not yet occurred

Student/Parent Certification

Signature required by either parent OR student

I/we certify that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented.

I/We understand that the submission of an appeal does not release the student from the obligation of staying current with the Bursar and/or The American University of Rome bill. I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Bursar and his/her registrar.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in the future semesters and/or academic years.

I/We understand the appeal will be reviewed by the Financial Aid Office and that additional processing time may be necessary in the event more information is requested by the Financial Aid Office. I/We understand the parent and/or student may be notified via mail and/or e-mail with the outcome of the appeal decision.

Signature of Parent(s): _____

Date: _____

Signature of Student: _____

Date: _____