

## Financial Aid Appeal Application The American University of Rome Financial Aid Office

Student Name:			Parent 1 Name:	
			Parent 2 Name:	
AUR ID:	Ema	ail:	Parent E-mail:	
Check one:	Freshman	Current Student	Parent Phone:	(H)
	Transfer			(W)

Student Phone:

Complete this application and return to our office with the additional documentation requested, if required. **The Appeal Application will not be eligible for review until all documentation is received.** The Income, Expense, and Benefit Worksheet must be submitted with this application.

Please	Reason for Appeal	Required Documentation
Check		
	Significant loss income due to termination or change in employment Please note: *we will be unable to consider appeals based on unemployment until 8 weeks from the date of termination/lay-off *changes may not be considered if income loss is not significant *you must notify the Financial Aid Office if you become re-employed before the end of the year	<ul> <li>Termination of change of employment:</li> <li>Copy of the last/most recent pay stub for both parents in the household</li> <li>Termination notice or letter of explanation from employer</li> <li>Severance statement</li> <li>Copy of unemployment benefit eligibility from Dept. of Labor</li> <li>Income, Expense, and Benefit Worksheet (attached)</li> <li>Termination or reduction to <i>untaxed</i> benefits, including Social</li> <li>Security child support, disability:</li> <li>Documentation of reduction</li> <li>Explanation for change from granting authority</li> </ul>
	Unexpected life event *please note that in a divorce situation, we will continue to consider both custodial and noncustodial parents' income and asset information	<ul> <li>Death of parent or other immediate family member:</li> <li>Documentation of medical and/or funeral expenses</li> <li>If decrease in income, complete the Income, Expense, and Benefit Worksheet (attached)</li> <li>Documentation of expected Social Security benefits for all family members</li> <li>Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance</li> <li>Divorce/Separation:</li> <li>Documentation of second household expenses</li> <li>Listing of child support and/or alimony expected to be paid and/or received</li> </ul>
	Correction to income or asset information reported	<ul> <li>Detailed description of error and correction</li> <li>Documentation of correct amount (for example, if mortgage value and debt was misreported, a copy of the mortgage statement and most recent assessment of home should be sent)</li> </ul>

Please Check	Reason for Appeal	Required Documentation
	High medical, educational, or family expenses *expenses must be for the previous tax year	<ul> <li>Medical:</li> <li>Documentation of medical bills paid during prior tax year. If there is an ongoing condition, please provide documentation and/or estimate of treatment costs</li> <li>NOTE: Explanation of Benefits from insurance provider is not acceptable documentation</li> <li>Educational (parent in college as required by employer):</li> <li>Documentation from employer indicating that enrollment is required</li> <li>Copy of paid tuition bill</li> <li>Income, Expense, and Benefit Worksheet, if employment is affected</li> <li>Educational (support for a full-time student in Graduate/Medical/Law School):</li> <li>Copy of Financial Aid Notification indicating required parent contribution</li> <li>Detailed listing/documentation of support to student provided during the academic year</li> <li>Family:</li> <li>Documentation of support to relatives outside of the immediate family (cancelled checks, wire transfer records, statement from recipient indicating amount received, etc.)</li> </ul>
	Other reason not listed	<ul> <li>Please provide a detailed description of the basis of appeal and documentation supporting your request for reconsideration</li> <li><i>NOTE:</i> we are <b>unable</b> to consider appeals based on circumstances that include but are not limited to:         <ul> <li>High consumer debt</li> <li>Personal Expenses (pets, cars, housekeepers, vacations, sports, etc.)</li> <li>Expenses that have not yet occurred</li> </ul> </li> </ul>

## **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: