

# QUINCY COLLEGE

Quincy College Financial Aid Office 1250 Hancock St, Quincy, MA 02169 (p) 617-984-1620 (f) 617-984-1769 quincycollege.edu

## Petition for Reconsideration Due to Special Conditions

Student's Name \_\_\_\_\_ Quincy College ID# \_\_\_\_\_

Student's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Instructions

Our goal is to accurately review your ability to contribute towards your educational costs and provide the most appropriate financial aid package based upon the information provided to our office. Please be aware that all financial aid awards are need-based.

You may request a review of your financial aid package at any time due to a change in you or your family's circumstances or in light of new information regarding unusual situations that you or your family may be facing. Information presented in this appeal should be either new information or information that has changed significantly from your initial application. Please complete all sections of this form as completely and accurately as possible. **Please submit 2016 signed federal tax returns and 2015 signed federal tax returns and W-2s (if not previously received with your financial aid application).** Federal taxes are required for all appeal processing in order to make sure that your application is based on accurate numbers.

### Reason for Appeal

Check the item below that most accurately describes your situation. You may check more than one if appropriate. Be sure to complete the back of this form as accurately as possible in all cases.

Student or parent is currently unemployed. Date employment ended: \_\_\_\_\_. Attach documentation of official letter of separation, severance package, and/or unemployment benefits as well as most recent pay stubs for you or each parent (if a parent has become unemployed).

Untaxed income or benefits received have ended. Date of termination: \_\_\_\_\_. Attach documentation from the agency providing the benefits.

Extraordinary unreimbursed medical and/or dental expenses. Amount for 2015 calendar year: \_\_\_\_\_. Attach a detailed letter and supporting documentation of the expenses.

One-time capital gain or distribution. Please attach a letter explaining the circumstances that resulted in the capital gain/distribution. Please note that both the circumstances and the capital gain/distribution are **one-time** occurrences, which did not occur in 2014 and are not expected to occur again in 2016 or 2017.

Death of a parent. Date: \_\_\_\_\_. Attach documentation of any death benefits received.

Other. If none of the above categories describes your or your family's situation, attach an explanation of your circumstances with as much detail and documentation as possible. If your situation involves a change in income, complete the Projected Income Section on the next page of this form.

*It is the student's responsibility to notify our office if any of the above information should change. This notification should occur within two weeks of any change.*

Once we review your appeal and determine if an adjustment can be made to your financial aid package, we will notify you of the outcome in writing. Response time will vary based on the volume of appeals at the time your request was received.

**Projected 2017 Income**

- Only complete this section if you are appealing based on a loss of employment or any other income-related change. Be certain to complete all of the income sections, not just the category that has changed.
- Attach any documentation you have for your figures, such as most recent pay stubs, a letter from your employer regarding severance package terms, unemployment benefit statement, etc.
- Enter 0 if no income of a certain type is expected.

Estimated 2017 Taxable Income (1/1/17-12/31/17)

1. Student's 2017 work income
2. Father's/stepfather's 2017 work income
3. Mother's/stepmother's 2017 work income
4. Severance compensation
5. Unemployment compensation
6. Interest and dividend income
7. Business or real estate income/loss
8. Taxable IRA/pension/annuity distribution
9. Other taxable income  
(such as tax refunds, alimony, capital gain,  
Taxable social security, etc.)

Estimated 2017 Income

- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_

**Total income from numbers 1 through 9 above**

\$ \_\_\_\_\_

Estimated 2017 Untaxed Income (1/1/17- 12/31/17)

- Untaxed Social Security Benefits \$ \_\_\_\_\_
- Child support received for all children \$ \_\_\_\_\_
- Untaxed pension distributions \$ \_\_\_\_\_
- Payments to IRA/401k/other plans \$ \_\_\_\_\_
- Tax exempt interest income \$ \_\_\_\_\_
- Education tax credits \$ \_\_\_\_\_

- Earned Income Credit \$ \_\_\_\_\_
- AFDC/ADC or TANF \$ \_\_\_\_\_
- Cash/gifts paid on your behalf \$ \_\_\_\_\_
- Worker's Comp. \$ \_\_\_\_\_
- Other untaxed income \$ \_\_\_\_\_  
(please specify) \_\_\_\_\_

**Certification Statement**

The information on this form is accurate and complete to the best of our knowledge. We have provided our signed 2015 and 2016 federal tax returns, including all schedules and W-2 statements. We understand that completing this form does not guarantee financial aid will increase. We also agree to notify the Office of Financial Aid if our income changes.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY	Data elements to be adjusted:		
AGI& taxes paid _____	Income from work _____	Untaxed Income _____	
Income exclusion _____	Approved _____	Denied _____	Director _____ Date _____