

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 2017 signed federal tax returns and 2016 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 2016 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 2015 and are not expected to occur again in 2017 or 2018.

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 2018 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 2018 Taxable Income (1/1/18-12/31/18)

1. Student's 2018 work income
2. Father's/stepfather's 2018 work income
3. Mother's/stepmother's 2018 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 2018 Income

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Total income from numbers 1 through 9 above

\$ _____

Estimated 2018 Untaxed Income (1/1/18- 12/31/18)

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 2016 and 2017 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 _____

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Data elements to be adjusted:

AGI& taxes paid _____ Income from work _____ Untaxed Income _____

Income exclusion _____ Approved _____ Denied _____ Director _____ Date _____