APPLICATION FOR APPEAL OF FEDERAL STUDENT AID 2016-2017 SCHOOL YEAR

WARNING: If you purposely give false or misleading information on this form, you may be fined $10,000, sent to prison, or both. “You” and “Your” on this form always means the student who wants the aid.

Please complete this form and return it to the Financial Aid Office along with a letter detailing the circumstances to support your request for an appeal. Please note that verification must be completed (if applicable) prior to the appeal being reviewed.

SECTION A: YOURSELF

1. Your name
   Last
   First
   M.I.

2. Your permanent mailing address
   Number and Street (Include Apt. No.)
   City

3. Your Fredonia ID#  

4. Your date of birth M M D D Y Y Y

5. Phone number
   Area Code and 7-digit phone number

SECTION B: EXPECTED 2016 TAXABLE AND NONTAXABLE INCOME AND BENEFITS

6. 2016 Income earned from work
   Father $_________ .00
   Student $_________ .00

7. 2016 Income earned from work
   Mother $_________ .00
   Spouse $_________ .00

8. 2016 other taxable income (include interest income, unemployment compensation, business income, pensions, etc.) $_________ .00

9. 2016 nontaxable income and benefits (child support, disability, workers compensation, etc.) $_________ .00

SECTION C: HOUSEHOLD INFORMATION

PARENTS

10. What is your parents’ current marital status?

   ☐ single  ☐ separated  ☐ widowed
   ☐ married  ☐ divorced

11. What is your parents’ state of legal residence?  

   State

12. Number of family members in 2016-2017

13. Number of college students in 2016-2017
   (Of the number in 12, write the number of dependent children only who will be enrolled in college at least half-time.)

STUDENT (& SPOUSE)

14. What is the student’s current marital status?

   ☐ single  ☐ separated  ☐ widowed
   ☐ married  ☐ divorced

15. Number of family members in 2016-17

16. Number of college students in 2016-17
   (Of the number in 15, write the number of family members who will be enrolled in college at least half-time. Include yourself.)

READ AND SIGN

17. Certifications: All of the information on this form and the Supplemental Information page, if completed, is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form and the Supplemental Information page, if completed. I realize that this proof may include a copy of my U.S. State, or local income tax return. I also realize that if I do not give proof when asked, the student may be denied aid.

Student __________

Student’s spouse __________

Father __________

Mother __________

Date completed M M D D Y Y Y