

**FINANCIAL AID APPEAL
SPECIAL CIRCUMSTANCES
2008-2009**



Student Name _____ SS# _____

CHECK REASON FOR APPEAL AND COMPLETE INFORMATION ON REVERSE.

- _____ Death of parent or spouse on _____.
*Attach copy of Death Certificate or Death Notice.
- _____ Separation or divorce of parents on _____.
*Attach copy of legal document/documentation of separate residence.
- _____ Termination of parent's employment on _____.
*Attach copy of termination notice or copy of last pay record.
- _____ Termination of student's or student's spouse employment on _____.
*Attach copy of termination notice or copy of last pay record.
- _____ Retirement of parent(s) on _____.
*Attach documentation.
- _____ Underemployment anticipated for 2008 tax year.
*Attach copy of pay record and statement explaining change in employment status.
- _____ Medical Expenses - Provide documentation of medical expenses incurred during 2008 that are not covered by insurance.
- _____ Loss of taxed or untaxed income other than income earned from work.



2008 Estimated Taxable and Non-Taxable Income

For: _____ Parents and/or _____ Student & Spouse

A. 2008 Estimated Income from Employment *Attach copy of pay stub.

Father or Student: Weekly earnings _____
Total # of weeks will work in 2008 _____
2008 Projected Gross Wages _____

Mother or Spouse: Weekly earnings _____
Total # of weeks will work in 2008 _____
2008 Projected Gross Wages _____

B. 2008 Estimated Amount - Taxable and Non-Taxable Income

List all forms of income other than wages you anticipate receiving during 2008. These may include but are not limited to: **unemployment compensation, disability payments, worker's compensation, social security benefits, AFDC, child support, alimony, cash support from family or friends, and other social service benefits.**

- 1. Source _____ Amount \$ _____
- 2. Source _____ Amount \$ _____

C. Please include any other information which may support your appeal.

CERTIFICATION: All the information on this form is true and correct to the best of my/our knowledge.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Parent's Signature _____ Date _____
(necessary only if parent's income is required on form)

Return this form with the requested documentation to:
North Country- College of Essex and Franklin
Financial Aid Office
23 Santanoni Ave PO Box 89
Saranac Lake, NY 12983.