2015-16 Financial Aid Eligibility Appeal
due to Change(s) in Circumstance

Student’s Name: _________________________________ Scripps Student ID ________________

This form should be completed when a family can document a significant change in financial circumstances, or if you believe there are special circumstances that were not included/considered on your initial aid application. You will be notified in writing regarding the outcome of your appeal after your information is reviewed by the Scripps Financial Aid Committee.

The completion of this form does not guarantee an adjustment to the student’s award. Lifestyle choices are not considered as an appeal nor does Scripps College match financial aid awards from other colleges and universities. Failure to fully document all circumstances will cause a delay in the review of the information provided until full documentation is received.

Part A. Check ALL that apply to you:

☐ Loss of employment or change of employment status for student or parent(s)
☐ One-time payment that created an unusual increase in income
☐ Divorce or separation of spouse or independent student and spouse
☐ Death of spouse or parent
☐ Loss of untaxed income (social security, pension, etc.)
☐ Unusual medical or dental bills not covered by insurance
☐ Documentation of annual secondary private school tuition
☐ Incorrect financial information provided on initial application
☐ Other: ________________________________________________________

Part B. If your circumstance includes a change in income, fill in the chart below:

<table>
<thead>
<tr>
<th>2015 Income Source</th>
<th>A. 2015 Income Received Year to Date</th>
<th>B. Estimated Income (from today to 12/31/15)</th>
<th>(A+B) Total Income for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages for Parent 1</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Wages for Parent 2</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Net income/loss from business</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Severance Pay (attach copy of severance or separation agreement from employer)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Scripps College Financial Aid Office
1030 Columbia Ave. #2027, Claremont, CA 91711-3905
(909) 621-8275 FAX: (909) 607-7742
Email: finaid@scrippscollege.edu
<table>
<thead>
<tr>
<th>2015 Income</th>
<th>A. Income Received Year to Date</th>
<th>B. Estimated Income (from today to 12/31/15)</th>
<th>(A+B) Total Income for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Pension/annuity withdrawals</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Income from Partnerships, estates, or trusts</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>IRA, Keogh, and/or SIMPLE payments</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxed portion of pension distributions or withdrawals (excluding “rollovers”)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2015 Income Reduction</th>
<th>A. 2015 Reduction Paid Year to Date</th>
<th>B. Estimated Reduction (from today to 12/31/15)</th>
<th>(A+B) Total Reduction for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary contributions to retirement plans (such as 401K or 403B plans)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Paid</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Part C. Please attach the following:**

1. A written letter explaining your change(s) in circumstance
2. Your 2014 tax return(s) with all schedules and W2s (check your financial aid portal for confirmation of receipt of previously submitted documents)
3. Documentation of your change in circumstance (see next page for a list of required documents for specific circumstances)

**Part D. Please read the following carefully before signing this form:**

1. I/We understand that submission/review of this form does not guarantee a change in the student’s financial aid eligibility
2. I/We understand as there is no guarantee of a change in the student’s financial aid eligibility and that it is the student’s responsibility to maintain good standing with the Student Accounts and Registrar Offices
3. I/We understand Federal regulations and institutional policies require that exceptions fall within certain parameters and are documented properly
4. I/We affirm that the information provided on this form and the attached documentation is accurate and complete to the best of our knowledge
5. I/We understand that if any of the figures or information used in this form change I must/will contact the financial aid office immediately in writing with correct information. I understand that future financial aid awards may be reduced if income estimates are significantly underestimated on this form

Student Signature: ___________________________________________   Date: ______________
Student Email: ______________________________________________
Parent Signature: ___________________________________________   Date: ______________
Parent Email: _______________________________________________
Best Phone Number to contact you: _____________________________
Acceptable documentation for Part C:

1. Loss of employment, or change in employment status
   - Signed statement from the student/parent explaining reasons for unemployment
   - Year to date pay stubs showing all income earned from work for 2015
   - Documentation of all untaxed income received thus far in 2015
   - Termination letter and/or any documentation regarding severance pay
   - Documentation of any unemployment being received or expected to be received

2. Divorce or separation
   - Divorce – copy of divorce decree
   - Separation – copy of legal separation document, signed statement from your attorney showing the date of separation, or a statement from an unrelated third party

3. Death of a spouse or parent
   - A death certificate or an obituary notice, if available, or a letter from surviving parent or other adult family member

4. Loss of untaxed income
   - A copy of a letter from the agency providing the benefits, detailing termination of benefits, and copies of summaries of the benefits

5. Unusual medical or dental expenses not covered by insurance
   - A copy of Schedule A of the Federal 1040 tax form
   - Canceled checks or receipts showing amount paid with the statement from the insurance company showing expenses not reimbursed
   - Written explanation

6. Private elementary or secondary school tuition
   - Tuition billing statement from the institution, including all financial aid and scholarships received

7. Other documentation/circumstances
   - Any relevant documentation which will support request for reconsideration

Please note: the Scripps Financial Aid Office reserves the right to request additional information not listed on this form if deemed necessary to support the request to reevaluate financial aid eligibility