

2017-2018 FAFSA Data REVIEW Form

 VT Student ID

 Last Name

 First Name

If your financial situation has changed significantly from the information you provided on the FAFSA, you may be eligible to file an appeal to have your FAFSA information updated. To request an appeal, you must complete this worksheet so an Advisor can determine if the appeal will be beneficial.

PLEASE NOTE: if you are appealing due to one of the following reasons, **DO NOT COMPLETE THIS FORM. EMAIL OUR OFFICE TO REQUEST A FAFSA DATA APPEAL FORM**

- Student's parent or spouse has died since completion of the FAFSA **OR**
- Student or student's parents have separated or divorced since completion of the FAFSA **OR**
- Student's parent is attending college

Instructions: Fill out the information on this form. A Financial Aid Advisor will review the information and determine if the appeal may be beneficial to the student. If necessary, the Advisor will provide instructions and request tax data and further documentation to complete the appeal.

IMPORTANT:

- **Approval of an appeal does not guarantee additional financial aid**
- **The appeal process cannot be used as a negotiation tool to request additional financial aid**

ATTENTION GRADUATE STUDENTS – this type of appeal is not beneficial to you as your financial aid options through our office are limited to student loans. Please contact our office to discuss other options.

Appeal Circumstances*	Needed Information	
<input type="checkbox"/> Student or Parent(s) no longer receive benefits such as child support, taxable social security	Estimated amount of benefits received in 2016	\$
<input type="checkbox"/> Student or Parent(s) received one-time disbursement of funds in 2015	Amount of one-time disbursement in 2015	\$
<input type="checkbox"/> Extraordinary medical/dental expenses in either 2015 or 2016, not reimbursed by health insurance	Estimated amount of 2015 or 2016 <u>unreimbursed</u> medical and/or dental expenses (Do not submit form if expenses do not exceed 11% of AGI)	\$
<input type="checkbox"/> Student or parent(s) income has been significantly reduced	Complete worksheet on next page	

*Signature required on page 2

(Please Note: Email is not always a secure method of communication and may inadvertently expose your information if misdirected. Virginia Tech suggests using fax, U.S. Postal Service or personal delivery as a more secure method of delivery. If you choose to submit information through email, Virginia Tech will not be responsible for any exposure of data.)

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Please provide a brief summary of the income reduction:

Please complete the following section only if you or your parent will earn less income in 2017 than was earned in 2015.

Income Sources	Earned Income (Year-to-Date)	+	Estimated Income (Today to Year-End)	=	2017 Total Income
Parent #1 – Wages (all jobs)	\$		\$		\$
Parent #2 – Wages (all jobs)	\$		\$		\$
Student – Wages (all jobs)	\$		\$		\$
Spouse (if applicable) – Wages (all jobs)	\$		\$		\$
Income or loss of Business or Farm	\$		\$		\$
IRA Distributions	\$		\$		\$
Unemployment Compensation	\$		\$		\$
Severance Pay	\$		\$		\$
Other Taxable Income	\$		\$		\$

If I purposely give false or misleading information, I may receive a fine, a prison sentence, or both. By signing this form, I certify that all information is complete and correct.

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

Electronic signatures are not allowed