Financial Aid Appeal Form
2010-2011

The Office of Financial Aid at Finger Lakes Community College realizes that students and their families experience unforeseen circumstances during an academic year. This form is designed to address the possible need for additional funding as a result of these unusual circumstances. Please be advised that the submission of this form does not guarantee any changes to your financial aid awards. Appeals will be thoroughly reviewed and the student will be notified by mail/e-mail of the decision.

Failure to submit all required documentation will result in the return of this form.

STUDENT INFORMATION (PLEASE PRINT)

Name:________________________________________ Date:___________________________

SS# or Student ID#:______________________________ Phone: ( )____________________

Check all that apply

- Loss of employment
  - Letter of explanation of circumstances from student/parent
  - Last date of employment _____/_____/
  - Copies of most recent pay stub(s) for each job held by student/parent/spouse
  - Proof of unemployment income (if any)
  - List of estimated income for 2010

- Reduction/loss of income or benefit (such as: unemployment benefits, Workers Compensation, child support, taxable social security benefits)
  - Letter of explanation of circumstances from student/parent
  - Last date of receipt of benefit/income _____/_____/
  - List of estimated income for 2010

- Separation/divorce
  - Letter of explanation of circumstances from student/parent
  - Date of separation/divorce _____/_____/
  - Documentation of separation/divorce or proof of separate addresses (utility bill, lease agreement, etc.)
  - List of estimated income for 2010

- Death
  - Letter of explanation of circumstances from student/parent
  - Copy of Death Certificate
  - List of estimated income for 2010

- Other
  - Letter of explanation of circumstances
  - Any supporting documentation
  - List of estimated income for 2010

Student Signature (required): __________________________________________ Date: ______________________

Parent Signature (required, if applicable): __________________________________________ Date: ______________________

Return completed forms to: FLCC, 3325 Marvin Sands Drive, Canandaigua, NY 14424 fax: 585-394-0635