



Student Name: _____

Student ID#: _____

APPEAL FOR CONSIDERATION FOR ADDITIONAL FEDERAL ASSISTANCE

The Financial Aid Office at SUNY Downstate Health Sciences University realizes that students and their families experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for additional funding as a result of these expenses or unusual circumstances. **FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WILL RESULT IN THE RETURN OR DENIAL OF THE APPEAL.** Email completed form with documentation to financialaid@downstate.edu .

CONDITIONS (check one)

DOCUMENTATION REQUIRED

<input type="checkbox"/> Childcare Expenses - Do not include any amount that is paid by another source.	<ul style="list-style-type: none"> Letter from childcare provider stating fee per week <u>for each child</u> and the semester(s).
<input type="checkbox"/> Residency Interview	<ul style="list-style-type: none"> If your residency interview costs are above \$3750, provide <u>receipts</u> of interview expenses such as transportation, hotel, meals and any application fees. If you have many interviews, this will be helpful to create and submit a spreadsheet to indicate interview location and expenses.
<input type="checkbox"/> Income Reduction or Loss/Benefit Reduction or Loss (For example: Unemployment Compensation, etc.)	<ul style="list-style-type: none"> Letter of explanation from student. Letter from employer stating reason and date of status change or copy of benefit termination or reduction notice. (Include a benefit statement to date.) Copies of last pay stub(s) for each job no longer held. Copy of prior year federal tax return.
<input type="checkbox"/> Budget adjustment for living expenses such as rent, utilities, transportation, books/supplies, etc.	<ul style="list-style-type: none"> Copy of signed lease for your housing and copies of your most recent monthly utility bills. Provide estimate of your transportation or copies of receipts. Copy of receipt for books and supplies.
<input type="checkbox"/> OTHER – special circumstances (i.e. medical expenses, dependency status change, etc.	<ul style="list-style-type: none"> Submit detailed letter explaining your specific situation with supporting documentation.

CERTIFICATION STATEMENT--The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify SUNY Downstate Health Sciences University's Financial Aid Office of any error or omission in the above information. I understand that failure to comply with this agreement could result in forfeiture of financial aid for the student.

STUDENT SIGNATURE _____ DATE _____

Office Use Only: updated budget on RBAABUD and comment on RHACOMM

APPROVE: Amount _____ DISAPPROVE Staff initials: _____ Date: _____

Comments: