



DOWNSTATE

HEALTH SCIENCES UNIVERSITY

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: