

Appeal Information

We use information from your FAFSA to create an initial financial aid package. We also understand the FAFSA may not reflect your family's financial circumstances. We have created this form to address those circumstances. Please follow the instructions to provide our office with more information.

It is helpful if you wait to submit an appeal until after you have received a financial aid award letter. We mail letters to accepted students on a rolling basis beginning in February.

We will notify the student at their ZagMail (email) account of any changes made to their award. It is important to know that not all appeals will result in a change to the student's aid eligibility.

INSTRUCTIONS

- File a 2020-21 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov
- Provide a brief description of your financial circumstances
- Attach the requested documentation with the student's name and Gonzaga ID on each page
- Provide our office with your most recent income tax return (either 2018 or 2019)
- Complete, sign and submit this form and supporting documentation to the financial aid office:
 - Via email: finaid@gonzaga.edu
 - Via fax: 509-313-5816
 - Via mail:
 - Financial Aid
 - 502 E. Boone Ave
 - Spokane, WA 99258-0072

2020-21 Special Conditions Appeal



Student Name:	ID:
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DID YOU/YOUR FAMILY EXPERIENCE... (CHECK ALL THAT APPLY)	PLEASE PROVIDE THE FOLLOWING DOCUMENTATION IN SUPPORT OF YOUR REQUEST:
<input type="checkbox"/> Loss of Employment?	-State Unemployment Insurance Documentation or Letter of Termination from former employer -Proof of income earned in 2019 (i.e. paystub from new job) and estimated 2020 income.
<input type="checkbox"/> Reduction in wages?	-Copy of student/parent's most recent pay stub and a letter from employer indicating changed pay rate or reduction in hours
<input type="checkbox"/> Reduction in Untaxed Income of Benefits (i.e. child support)?	-Letter from the appropriate agency or authority that details the date benefits ended, type and amount of benefits received for 2019
<input type="checkbox"/> One-time Income?	-Proof of the one-time income (i.e. W2, tax schedules, 1099, etc.), and an explanation as to why it is not recurring
<input type="checkbox"/> Extraordinary medical or dental expenses not covered by insurance?	-A copy of the Schedule A from the 2019 Income Tax Return, or an annual statement from your medical providers or insurer
<input type="checkbox"/> Costs for private elementary or high school tuition?	-Copy of the private school tuition contract(s) for the 2020-21 school year
<input type="checkbox"/> Divorce or separation?	-A copy of legal separation or divorce papers, W2 wage statements, and clear documentation concerning expected child and/or spousal support payment of receipt
<input type="checkbox"/> Death of a parent?	-A copy of the death certificate or obituary Documentation of any insurance payment expected to be received W2 wage statements for surviving parent
<input type="checkbox"/> Provide support to a family member who was not considered on the FAFSA?	-A statement that addresses the nature and amount of financial support and verification of support provided (receipts, bank statements, etc.)
<input type="checkbox"/> Other financial hardship not listed above	-A statement that outlines the nature and financial impact of your hardship, as well as documentation to support your statement.

2020-21 Special Conditions Appeal



Provide a brief description of why you are submitting an appeal:

2019 INCOME & 2020 PROJECTED INCOME

Please provide your 2019 earnings and your best estimate for your 2019 income

Parent's Financial Information After Loss of Income <i>Complete parent information only if the student is a dependent</i>	2019 Actual Income	2020 Projected Income
Parent 1 Gross Income from Work		
Parent 2 Gross Income from Work		
Parent's Other Taxable Income (ex. Alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)		
Parent's Other Non-Taxable Income (ex. child support, military benefits other than educational benefits, tax-deferred pensions, etc.)		
Student Income Information		
Student's Gross Income from Work		
Spouse's Gross Income from Work		
Student and Spouse's Other Taxable Income (ex. Alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)		
Student and Spouse's Other Non-Taxable Income (ex. child support, military benefits other than educational benefits, tax-deferred pensions, etc.)		

Signatures

By signing this form, I affirm that all information on this form and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required)

Date

Parent Signature (Required for Dependent Students)

Date