



**Financial Aid Appeal Form
2020-2021 Academic Year**

If your family has experienced a recent **change in financial circumstances** which were not captured within your 2018 tax information, please use this form to provide details of this change. This request for “Professional Judgment” or re-evaluation of your financial aid eligibility will be reviewed by the Director of Financial Aid. Your financial aid appeal will not be reviewed until we receive a copy of your 2018 Federal Tax Return Transcript or IRS 1040, 1040A or 1040EZ for all tax filers or W-2’s for non-tax filers in the household, along with this form and any requested documentation.

Please keep in mind that this request for re-evaluation neither guarantees any adjustment to your financial aid award nor does it prevent the accrual of late fees on past due student account balances. For more information about financing options that may be available to your family to address any current unpaid account balances, please contact VMI Student Accounting Office at studentaccounting@vmi.edu or 540-464-7217.

	<i>Category</i>	<i>Documents Required for Appeal</i>
<input type="checkbox"/>	1. Change in Employment/Income (Loss of job, reduction in wages, mandatory retirement, etc.)	<ul style="list-style-type: none"> • Documentation of unemployment benefits • Copy of separation notice and final paystub • Documentation of severance package or any paid-out vacation and sick days
<input type="checkbox"/>	2. One-time income gain (2018) (IRA withdrawal or rollover, one-time capital gain, inheritance, life insurance, etc.)	<ul style="list-style-type: none"> • Documentation of one-time gain • For IRA rollover, a copy of your 1040
<input type="checkbox"/>	3. Uncommon Expenses (Medical, excessive or untypical debt, home damage, two households, etc.)	<ul style="list-style-type: none"> • Copies of medical bills designating the amount <u>not</u> covered by your medical insurance • Copies of receipts/bills/debt
<input type="checkbox"/>	4. Parents Separation/Divorce	<ul style="list-style-type: none"> • Documentation of separation of assets, child support or alimony to be paid or received
<input type="checkbox"/>	5. Other Circumstances	<ul style="list-style-type: none"> • A personal statement and supporting documentation

Contact Information

Student Name:	Student Email:	Class Year:
Parent Name:	Parent Email:	Telephone:
Permanent Address:		

SECTION A: CHANGES IN HOUSEHOLD INCOME

Following are questions that will help us understand why your household is experiencing a decrease in financial resources.

Please complete all sections that apply to your situation.

1. Change in Employment/Income

Which person experienced a loss of/change in income?

- Father/Step
 Mother/Step
 Self

Effective Date: _____

Reason for reduction?

- Job Change
 Reduced Commission or Overtime
 Retirement
 New Business Start-Up
 Termination by Employer
 Other (please specify):

1. Documentation of unemployment benefits
2. Copy of separation notice and last pay stub from former position
3. Documentation of severance package or any paid-out vacation and sick days.

2. ONE-TIME INCOME GAIN (2018)

Required: Use the box below to identify the type of one-time gain you received in 2018 and will not receive in 2019

	Type of Gain	Amount
<input type="checkbox"/>	IRA Withdrawal or Roll-over	\$
<input type="checkbox"/>	One-time Capital Gain	\$
<input type="checkbox"/>	Inheritance	\$
<input type="checkbox"/>	Life Insurance	\$
<input type="checkbox"/>	Other (please explain)	\$

3. UNCOMMON EXPENSES

Write the amount paid for any recent out of pocket expenses (Medical, excessive or untypical debt, home damage etc.) in 2019/20. For medical expenses, DO NOT include expenses that are or will be reimbursed by insurance.

Total Paid in 2019/20 \$ _____

Required: Attach a detailed explanation of the reported expenses and include documentation such as receipts, billing statements, etc.

4. PARENTS SEPARATION/DIVORCE

Complete this section if your parents separated or divorced **after** the 2020/21 FAFSA was completed.

Which parent do you live with? _____ Date of separation/divorce _____ (month/year)

Required: Attach explanation of separation of assets (including cash, home, other real estate, business, etc.), as well as child support or alimony to be paid or received, if applicable. All W-2's for custodial parent must be supplied.

5. OTHER CIRCUMSTANCES

Please describe the circumstances, which were not captured within your 2018 tax information and provide documentation to support this situation:

SECTION B: ESTIMATED INCOME

The 2020/21 FAFSA is based on your family's 2018 tax information. If your household resources for 2018 are significantly different than in 2019, financial aid eligibility may be re-evaluated using your estimates. Any adjustment to your award on this basis may be tentative, until all documentation of actual 2019 income has been received. Estimates provided herein should be as accurate as possible in order to avoid later adjustments to your aid package.

Enter "0" or "N/A" WHERE APPROPRIATE: DO NOT LEAVE ANY ITEMS BLANK.

Income	Actual Income (2018)	Projected Income (2019)
Income from Wages, Salaries, Compensation from Jobs		
Student	\$	\$
Father/Stepfather	\$	\$
Mother/Stepmother	\$	\$
Interest and Dividend Income	\$	\$
Net income/loss from business or farm	\$	\$
Net rental/partnership/royalties/trust income	\$	\$
Interest/dividends	\$	\$
Capital gain/loss	\$	\$
Severance pay/vacation pay/sick pay	\$	\$
Unemployment compensation/disability benefits	\$	\$
Pensions/annuities	\$	\$
Alimony/spousal support	\$	\$
Social Security	\$	\$
Other taxable Income Please provide details:	\$	\$
Untaxed Income		
Child support received for all children	\$	\$
Veteran's Benefits	\$	\$
House Allowance (military, clergy, etc.)	\$	\$
Other untaxed income (i.e. foreign income exclusion, worker's compensation, untaxed pensions, SS Benefits, etc.)	\$	\$
TOTALS: (TAXED AND UNTAXED)	\$	\$

SECTION C: ADDITIONAL INFORMATION

Please use this section to provide additional information describing the basis for your request, if the sections above did not allow you to explain the circumstances fully.

SECTION D: CERTIFICATION

By signing below, I

1. Affirm that the data contained on this form is true and complete to the best of my knowledge.
2. Acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.
3. Recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances.
4. Understand that if any of my projections change, I will immediately notify the Financial Aid Office.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Please return completed application to:

Virginia Military Institute
Financial Aid Office
307B Letcher Avenue
Lexington, VA 24450
540-464-7208 (p)
540-464-7629 (f)
financialaid@vmi.edu

