



# SERVITE HIGH SCHOOL

FORMING FAITH-FILLED LEADERS

## 2019-2020 FINANCIAL AID APPEAL

*Submit this form if the information on your 2019-2020 Financial Aid Application does not accurately reflect your current financial situation because you, the applicant, have recently experienced a significant reduction in income, extraordinary expense(s) or circumstances.*

**PLEASE PRINT LEGIBLY IN INK.**

APPLICANT LAST NAME (LEGAL NAME)	APPLICANT FIRST NAME	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT'S FIRST & LAST NAME	E-MAIL ADDRESS	BEST CONTACT PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Appeal Process:

We understand that your financial situation may change and we accept appeals. However, you must first wait to receive your award letter before submitting an appeal. **WE WILL ONLY ACCEPT NEW OR EXTENUATING CIRCUMSTANCES THAT ARE NOT REFLECTED ON YOUR CURRENT APPLICATION.** Please note that an appeal in process does not guarantee additional funding nor does it excuse you from meeting payment due dates or making other payment arrangements.

**PLEASE PROVIDE ALL NECESSARY AND REQUIRED DOCUMENTATION WHEN SUBMITTING YOUR APPEAL. LACK OF DOCUMENTATION WILL RESULT IN THE APPEAL NOT BEING CONSIDERED.**

Please enter the amount that you can pay monthly for tuition. Please be realistic and understand that this is a sacrifice for your family and for the school for your son to attend.

\$ <input type="text"/>
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**Please check the box to indicate the reason for your appeal:**

**LOSS OF INCOME:** Applicants have lost income that is not reflected on the 2019-2020 Financial Aid Application

Please submit the following documentation:

- Statement explaining your special circumstance
- Official documentation of loss of employment
- Copy of Unemployment Benefits (if receiving unemployment)
- Copy of final paystub from former employer
- Copy of most recent paystub for co-applicant if currently working
- Copy of applicant’s 2018 Federal Tax Return and 2018 W-2’s **if not already submitted**
- Complete the following chart:

Income for:	Source of Income	Projected Income for CALENDAR YEAR Jan. 1, 2019 - Dec. 31, 2019 After June 30, 2019, Projected Income from July 1, 2019 to June 30, 2020
Applicant		
Co-Applicant		
Other Additional Income		
Misc.		
Total		

**OCCURANCE OF ONE TIME-INCOME:** Applicants received a one-time lump sum (such as inheritance, retirement, IRA distribution, etc.) that was reported on 2019-2020 Financial Aid Application, but IS NOT EXPECTED IN THE FUTURE.

Please submit the following documentation:

- Statement explaining your special circumstance with amount(s) and source(s)
- Official documentation of one-time expense
- Documentation of how funds were spent or invested
- Copy of applicant’s 2018 Federal Tax Return and 2018 W-2’s **if not already submitted**

**For Pension or IRA Rollovers or Roth Conversions:** A pension or IRA amount was reported on your 2017 or 2018 federal tax return, but was actually a rollover (transferred from one retirement account to another) or Roth conversion only:

- Copy of first two pages of paper 2017 or 2018 Tax Return **if not already submitted**

**DEATH OF AN APPLICANT:** An Applicant who received income in 2017 or 2018 passed away.

Please submit the following documentation:

- Copy of death certificate or other legal document of death
- Copy of applicant's 2018 Federal Tax Return and 2018 W-2's if not already submitted

**EXCESSIVE MEDICAL/DENTAL EXPENSES**

Please submit the following documentation:

- Statement explaining your special circumstance
- Confirmation\* of amount paid out-of-pocket in 2017 or 2018 (amount billed will not be considered without proof of payment)
- Copy of applicant's 2018 Federal Tax Return and 2018 W-2's if not already submitted

Amount of out of pocket, non-reimbursed medical expenses paid in 2017 or 2018:

**Please do not include health insurance premiums or expenses that have been used as a tax deduction.**

\*Receipts (not an explanation of benefits) for paid services/supplies and a spreadsheet of expenses are preferred.

**CHILDCARE OR ELDERCARE EXPENSES**

Please submit the following documentation:

- Care Provider Contract
- One Month Paid Receipts for each dependent listed below.
- Copy of applicant's 2018 Federal Tax Return and 2018 W-2's if not already submitted
- Complete the following chart:

Name of Dependent	Date of Birth	Relationship to Applicant	Name of Care Provider	Monthly Amount

**OTHER:** If you believe that none of the above circumstances reflect your situation, please state reason.

Please submit the following documentation:

- Statement explaining your special circumstance
- Copy of applicant's 2018 Federal Tax Return and 2018 W-2's if not already submitted

Write here or attach sheet.

**CERTIFICATION STATEMENT**

**PLEASE NOTE: REQUESTS RECEIVED WITHOUT A WRITTEN EXPLANATION OR SUPPORTING DOCUMENTATION WILL NOT BE CONSIDERED.**

By signing, you certify that neither you nor the co-applicant has purposely provided false or misleading information. Be aware that the Servite Financial Aid Department may request additional documentation from you in support of your appeal. Your submission and any subsequent approval of an appeal do not guarantee that your eligibility for financial aid will change. You must still meet all stated criteria required for receiving and maintaining financial aid.

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APPLICANT'S SIGNATURE DATE

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CO-APPLICANT'S SIGNATURE (IF APPLICABLE) DATE

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*Return this completed appeal form with a typed letter of explanation and all documentation to:*

**SERVITE HIGH SCHOOL FINANCIAL AID DEPARTMENT  
SERVITE BUSINESS OFFICE  
1952 W. LA PALMA AVE.  
ANAHEIM CA 92886  
[www.financialaid@servitehs.org](http://www.financialaid@servitehs.org)**