



Financial Aid Appeal Form

Servite High School strives to make enrollment as affordable as possible for its families. Due to limited funding, we are usually unable to meet the full financial needs of families. You may use this form to appeal should additional funds become available or if you have recently experienced a significant reduction in income, extraordinary expense(s), or circumstances.

PLEASE TYPE IN EACH FIELD AND THEN EMAIL THE DOCUMENT TO FINANCIALAID@SERVITEHS.ORG

APPLICANT LAST NAME (LEGAL NAME)

APPLICANT FIRST NAME

MI

E-MAIL ADDRESS

BEST CONTACT PHONE NUMBER

STUDENT'S FIRST & LAST NAME

STUDENT'S GRADE (Use level for school year you are applying for aid)

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 REVIEW APPEALS BASED ON NEW OR EXTENUATING CIRCUMSTANCES THAT ARE NOT REFLECTED IN 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. Appeals will take approximately 15-20 working days for review.

PLEASE PROVIDE ALL NECESSARY AND REQUIRED DOCUMENTATION WHEN SUBMITTING YOUR APPEAL. YOU MUST SUBMIT MOST RECENT DOCUMENTS. TAX DOCUMENTS MUST BE FROM THE YEAR PRIOR TO DATE OF APPEAL FORM. LACK OF DOCUMENTATION WILL RESULT IN THE APPEAL NOT BEING CONSIDERED.

Please enter the amount that you can pay monthly (July-June) for tuition. Please note that this number should only be your tuition costs and not include applicable fees owed. For current fees please go to <https://www.servitehs.org/admissions/tuition-financial-information>. Please be realistic and understand that this is a sacrifice for your family and for the school for your son to attend.

Date of Appeal:

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

APPEAL DECISION: _____

DECISION DATE: _____

SIGNATURE: _____

Please check the box to indicate the reason for your appeal:

LOSS OF INCOME: Applicant lost income that is not reflected on the current 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 most recent Federal Tax Return and W-2's (if not already submitted)*
- *Complete the following chart:*

Income for:	Source of Income	Projected Income for next 6 months
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 the 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 most recent Federal Tax Return and W-2's (if not already submitted)*

For Pension or IRA Rollovers or Roth Conversions: *A pension or IRA amount was reported on your 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 most recent Tax Return if not already submitted*

DEATH OF AN APPLICANT: An applicant or co-applicant passed away.

Please submit the following documentation:

- *Copy of death certificate or other legal document of death*
- *Copy of applicant's most recent Federal Tax Return and 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 (amount billed will not be considered without proof of payment)*
- *Copy of applicant's most recent Federal Tax Return and W-2's (if not already submitted)*

Amount of out of pocket, non-reimbursed medical expenses paid:

\$

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 most recent Federal Tax Return and W-2's (if not already submitted)*

• *Complete the following chart:*

Name of Dependent	Date of Birth	Relationship to Applicant	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 most recent Federal Tax Return and W-2's (if not already submitted)*

Statement of Explanation (Write here or attach sheet.)

Statement of Explanation (Continued)

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 or a meeting to support 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.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE (IF APPLICABLE)

DATE