2026-2027 Tuition Assistance Appeal Form

Completing this form does not guarantee an increased award, neither does it forfeit a current award.

To appeal an award you've received, completely fill out and submit this form if the information on your Tuition assistance 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 attenuating circumstances.

Applicant First & Last Name: _____

Applicant email: _____

Applicant phone number: _____

FACTS Tuition Assistance Applicant ID number: _____

Rosary Student (s) First & Last Name: _____

Appeal Process:

With the understanding that financial situations could change, families who have received an initial award letter are allowed to appeal their Tuition Assistance award decision. ***Only new or extenuating circumstances that are not reflected on your current tuition assistance application will be considered***.

Please note that submitting an appeal does not guarantee additional funding, nor does it excuse from meeting payment due dates or making other payment arrangements while the appeal is in process.

Please provide all necessary and required documentation when submitting your appeal. Lack of documentation will result in the appeal not being considered.

Please indicate below the amount that you can pay monthly for tuition only, **do not include any fees**, either required school fees or athletics fees. Please be realistic and understand that this is a sacrifice for your family as well as our school for your daughter to receive a Rosary education.

$_____ is the monthly payment I can make to cover *tuition only* for the 2026-2027 school year.

Please check the box to indicate the reason for your appeal and provide the required documentation:

☐ **LOSS OF INCOME: Applicants have lost income that is not reflected on their Tuition Assistance Application**

Please submit the following documentation:

- Statement explaining your attenuating 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 W-2's and Federal Tax Return for 2024, ***if not already submitted to FACTS***
- Complete the following chart:

Income For:	Sources of Income	Projected Income From January to December 2025
Applicant		
Co-Applicant		
Other Misc. or Additional Income		
Total Income		

☐ **OCCURENCE OF ONE TIME-INCOME: Applicants received a one-time lump sum (such as inheritance, retirement, IRA distribution, etc.) that was reported on their Tuition Assistance 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 W-2's and Federal Tax Return for 2024, ***if not already submitted to FACTS***

For Pension or IRA Rollovers or Roth Conversions*: A pension or IRA amount was reported on your 2024 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 2024 Tax Return, ***if not already submitted to FACTS***

☐ **DEATH OF AN APPLICANT: An Applicant who received income in 2024 but passed away.**

Please submit the following documentation:

- Copy of death certificate or other legal document of death
- Copy of applicant's W-2's and Federal Tax Return for 2024, ***if not already submitted to FACTS***

☐ **EXCESSIVE MEDICAL/DENTAL EXPENSES**

Please submit the following documentation:

- Statement explaining your special circumstance
- Confirmation* of amount paid out-of-pocket in 2024 (amount billed will not be considered without proof of payment)
- Copy of applicant's W-2's and Federal Tax Return for 2024, ***if not already submitted to FACTS***
- Amount of out of pocket, non-reimbursed medical expenses paid in 2024:

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 W-2's and Federal Tax Return for 2024, ***if not already submitted to FACTS***
- Complete the following chart:

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

☐ **OTHER: Please state your reason if none of the above circumstances apply to your situation.**

Please submit the following documentation:

- Statement explaining your special circumstance
- Copy of applicant's W-2's and Federal Tax Return for 2024, ***if not already submitted to FACTS***
- Write here or attach a typed letter:

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 Rosary Academy Tuition Assistance Committee 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 Tuition Assistance will change. You must still meet all stated criteria required for receiving and maintaining tuition assistance.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

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

Rosary Academy
Attn: Tuition Assistance Appeal
1340 N Acacia Ave
Fullerton, CA 92831
RosaryAcademy.org/Tuition Assistance
tuitionassistance@rosaryacademy.org