

University of Massachusetts Medical School

Financial Aid Appeal 2017-2018

Guidelines and Instructions:

Your eligibility for need-based financial aid has been determined according to federal regulations and university policies governing financial aid programs. Using the information that you provided on the FAFSA, CSS/Financial Aid PROFILE, parent tax returns and/or other supporting documentation, we have calculated your Expected Family Contribution (EFC) and awarded financial aid appropriately.

We recognize that a family's income is not always consistent and that financial situations change throughout the academic year due to unforeseen circumstances.

You may request a review of your financial aid package at any time due to significant changes in your family's circumstances that affect your ability to contribute to college costs by completing this Financial Aid Appeal Worksheet and submitting the required documentation.

Please complete all sections of this form as accurately as possible. If you have not already submitted a 2017-18 FAFSA, 2017-18 CSS/Financial Aid PROFILE, complete copies of the parents' 2015 Federal Tax Returns and a 2017-18 UMMS Application for Financial Aid, you must do so now. Again, information presented in this appeal should be new information or information that has changed significantly from your initial application. We cannot consider appeals based on credit card debt, car or mortgage payments, wedding/celebration expenses, private school costs, vacations or other discretionary expenses.

Once the Office of Financial Aid reviews the submitted documentation and determines if the student qualifies for additional aid, we will notify the student by mail. Additional aid will be considered for students on a funds available basis when the calculations result in higher financial need. Please note, additional scholarship funds will only be offered if a student has taken advantage of all other sources of need-based financial aid.

If you have any questions, please contact our office at 508-856-2265 or financialaid@umassmed.edu
The completed Financial Aid Appeal Worksheet and all required supporting documentation should be submitted to:

University of Massachusetts Medical School
Office of Financial Aid
55 Lake Ave. North S1-844
Worcester, MA 01655
FAX: 508-856-1899
EMAIL: financialaid@umassmed.edu

University of Massachusetts Medical School 2017-18 Financial Aid Appeal Guidelines and Worksheet

Student Name: _____ SSN: _____

Parent(s)' Name(s): _____ Day Phone Number: _____

Parent Email Address: _____ Parent's Cell Number: _____

The completed Financial Aid Appeal Worksheet and all required supporting documentation should be submitted to:

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Part I. Student Appeal (to be completed by student and then proceed to Part IV)

Student's expected income for 2017 is significantly less than 2016. Indicate reason: _____

List your projected gross work income for each of the following periods and proceed to Part IV. Provide most recent paystubs from any employment for the time periods below. *Do not leave any space blank. Enter "0" if you will have no earnings for a particular period.*

6/1/17 to 8/31/17: \$ _____ 9/1/17 to 12/31/17: \$ _____ 1/1/18 to 5/31/18: \$ _____

Part II. Parent Appeal (to be completed by parent and then proceed to Part III)

Check the box (es) that best describes your situation and provide copies of the documentation indicated. Be sure to complete both pages of this form accurately. Incomplete worksheets will be returned unprocessed.

Parent is currently unemployed. Unemployed parent is: Father/Stepfather Mother/Stepmother

Date employment ended: _____ Attach letter of termination, documentation of severance and unemployment benefits and most recent paystub for each parent in the household regardless of which parent experienced the income adjustment.

Untaxed income or benefits received have ended (i.e. unemployment, social security benefits, housing allowance, etc.).

Date of termination: _____ Attach documentation from the agency providing the benefits.

Extraordinary unreimbursed medical and/or dental expenses. Amount for 2016 calendar year: _____

Attach a detailed letter and supporting documentation of the paid unreimbursed expenses (i.e. invoices, receipts, etc.).

One-time capital gain or IRA/pension distribution. Please attach a letter explaining the circumstances that resulted in the capital gain/distribution. The letter must indicate that both the circumstances and capital gain/distribution are one-time occurrences, which did not occur in 2015 and will not recur in 2017.

Death of a parent Date: _____ Attach copy of death certificate and documentation of any death benefits received.

Other If none of the above categories describe your family's situation, please attach a detailed letter of explanation and provide documentation of the current circumstances.

Part III. Projected 2017 Income

Complete this section if you are appealing based on a loss of employment or any other income-related change. Provide information for all income categories and for *both* parents in the household, not just the income elements that have changed. Enter “0” if no income of a certain type is expected.

Attach documentation for your figures (i.e. most recent paystubs for both parents, severance benefits letter, unemployment benefits statement, etc.)

Estimated 2017 Taxable Income

1. Father/ stepfather's 2017 work income
2. Mother/stepmother's 2017 work income
3. Severance compensation
4. Unemployment compensation
5. Interest and dividend income
6. Business or real estate income/ loss
7. Taxable IRA/pension/annuity distribution
8. Other taxable income

Total Estimated Taxable Income 2017

Estimated 2017 Untaxed Income

1. Untaxed Social Security Benefits
2. Child Support Received
3. Untaxed Pension Distributions
4. Payments to IRA/401K/ Other
5. Retirement Plans
6. Tax Exempt Interest Income
7. Education Tax Credits
8. Earned Income Credit
9. AFDC/ADC/ or TANF
10. Cash/Gift's Paid on your Behalf
11. Worker's Compensation
12. Other taxable income

Total Estimated Untaxed Income 2017

Estimated 2017 Income (1/1/2017 through 12/31/17)

Estimated 2017 Income (1/1/2017 through 12/31/17)

PART IV CERTIFICATION

The information provided on this form is accurate and complete to the best of our knowledge. We have already provided or will provide our signed complete 2015 federal tax returns, including all schedules, W2's and business returns if applicable. We understand that completing this form does not guarantee financial aid will be increased. We also understand that if financial aid is revised based on this appeal information, we will be required to provide documentation of final 2017 income in January 2018, and our financial aid may be revised based on actual year-end income. We agree to notify the Office of Financial Aid if our income changes.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Office Use Only: Documentation complete: Yes No Worksheet complete: Yes No

Results: _____

FAO signature: _____ Date: _____