

# University of Massachusetts Medical School

## Financial Aid Appeal 2019-2020

### 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 2019-20 FAFSA, 2019-20 CSS/Financial Aid PROFILE, complete copies of the parents' signed 2017 Federal Tax Returns and a 2019-20 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 in writing. 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](mailto: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](mailto:financialaid@umassmed.edu)

# University of Massachusetts Medical School

## 2019-20 Financial Aid Appeal Guidelines and Worksheet

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent(s)' Name(s): \_\_\_\_\_ Day Phone Number: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Parent's Cell Number: \_\_\_\_\_

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EMAIL: financialaid@umassmed.edu

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

Student's expected income for 2019 is significantly less than 2017. 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.*

7/1/19 to 8/31/19: \$ \_\_\_\_\_ 9/1/19 to 12/31/19: \$ \_\_\_\_\_ 1/1/20 to 6/30/20: \$ \_\_\_\_\_

### **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 2019 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 and will not recur in 2019.

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 2019 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.)**

<b>Estimated 2019 Taxable Income</b>	<b>Estimated 2019 Income (1/1/2019 through 12/31/19)</b>
1. Father/ stepfather's 2019 work income	\$ _____
2. Mother/stepmother's 2019 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	\$ _____
<b>Total Estimated Taxable Income 2019</b>	\$ _____

<b>Estimated 2019 Untaxed Income</b>	<b>Estimated 2019 Income (1/1/2019 through 12/31/19)</b>
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 _____	\$ _____
<b>Total Estimated Untaxed Income 2019</b>	\$ _____

**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 2017 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 2019 income in January 2020, 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:**

Request review date: \_\_\_\_\_

Reviewed by:

Request: approved / denied

**NOTES:**