

# ROSEDALE

## BIBLE COLLEGE

### 2016-17 Need-Based Aid Appeal Form

PRIOR TO SUBMITTING THIS FORM, YOU MUST FIRST COMPLETE THE 2016-17 FAFSA (Free Application for Federal Student Aid, www.fafsa.ed.gov). To make an appeal for certain circumstances that are not reflected on the FAFSA, submit this form immediately after you have filed the FAFSA (or after your special circumstance arises.)

#### PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Maiden Name
Street Address	City	State/Province	Zip/Postal Code
Phone	Email		

#### Request for Special Circumstances (Please complete only the sections that apply to you.)

1. Private tuition paid for siblings who attended elementary, junior high, and/or high school during the 2015 calendar year (January to December). Do not include tuition paid for any preschool or college student. Do not include tuition paid for a student who will attend college in the 2016-17 academic year. (College students cannot benefit from high school tuition that was paid for them.) **DO NOT INCLUDE TUITION PAYMENTS MADE TO A CHURCH OR PAYMENTS MADE BY ANYONE OTHER THAN YOUR PARENTS.**

Sibling Names	Amount of Tuition Paid	Name of School Paid

Total amount of private tuition paid by your family directly to the school in the 2015 calendar year for children grades K-12: \$\_\_\_\_\_

Please include all of the following with this form:

- A signed statement explaining tuition costs and how this impacts your available income.
- Documentation of tuition charges during the 2015 calendar year AND copies of payment receipts
- Most recent pay stubs showing year-to-date income along with a signed statement verifying estimated income for 2016.

2. Excessive Medical, Dental, Nursing Home, or Childcare Costs:

An allowance for expenses is already built into the FAFSA's financial aid formula. Answer the following question only if your family's expenses exceed five percent of 2015 household income.

Total amount of family medical, dental, nursing home, or childcare expenses NOT COVERED BY INSURANCE in 2015: \$\_\_\_\_\_

Please include documentation such as itemized deductions from federal 1040 tax form and a signed detailed list of expenses including date, amount, and payee.

Continued 

Request for Special Circumstances (Continued)

3. Reduction of Income or Loss of Job:

The 2016-17 FAFSA calculates need based on 2015 income information. If these figures are no longer an accurate representation of your family's income, we may be able to make an adjustment to your FAFSA. Complete this section only if your 2016 gross income will be at least 10% less than your 2015 income.

Dependent Students:

Father's Estimated Income, 1/1/2016 – 12/31/2016

- Wages/severance
Unemployment benefits
Any other income

Mother's Estimated Income, 1/1/2016 – 12/31/2016

- Wages/severance
Unemployment benefits
Any other income

Total Estimated 2016 Income

Independent Students:

Student's Estimated Income, 1/1/2016 – 12/31/2016

- Wages/severance
Unemployment benefits
Any other income

Spouse's Estimated Income, 1/1/2016 – 12/31/2016

- Wages/severance
Unemployment benefits
Any other income

Total Estimated 2016 Income

Please include the following:

- A short paragraph in the space below detailing your family's change in financial circumstances.
Documentation to support your 2016 income reduction/projection (i.e. statements from employers, recent pay stubs, unemployment benefits statements, or other documents).
If you filed a federal tax return for 2015 but did not transfer tax data directly from the IRS into FAFSA, you must include a signed copy of the 2015 Federal tax return transcript (not tax account transcript), which can be requested at http://www.irs.gov/Individuals/Get-Transcript.do or by phone at 1-800-908-9946.

Comments (Attach a sheet of paper if more space is needed.)

Blank lines for comments.

Certification Statements

I certify that:

- I do not owe a refund on any grant or loan, am not in default on any loan (or I have made satisfactory arrangements to repay any defaulted loan), and have not borrowed in excess of the loan limits under Title IV programs at any institution.
I will use all Title IV money received only for expenses related to my study at Rosedale Bible College.
I certify that all information presented on this form is true and complete to the best of my knowledge.

Student Signature Date

Parent Signature Date

Please return this appeal form via postal service, fax, or email attachment.

Rosedale Bible College Financial Aid
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Irwin, Ohio 43029
Fax: 877-857-1312
Email: financialaid@rosedale.edu