

Please check	Reason for Appeal	Required Documentation
	High medical, educational, or family expenses	<p>Medical:</p> <ul style="list-style-type: none"> ➤ Documentation of medical bills paid during prior tax year. If there is an ongoing condition, please provide documentation and/or estimate of treatment costs <p><i>NOTE:</i> Explanation of Benefits from insurance provider is not acceptable documentation</p> <p>Educational (parent in college as required by employer):</p> <ul style="list-style-type: none"> ➤ Documentation from employer indicating that enrollment is required ➤ Copy of paid tuition bill ➤ 2008-2009 Monthly Income & Expense Worksheet, if employment is affected <p>Educational (support for a full-time student in Graduate/Medical/Law School):</p> <ul style="list-style-type: none"> ➤ Copy of Financial Aid Notification indicating required parent contribution ➤ Detailed listing/documentation of support to student provided during the academic year <p>Family:</p> <ul style="list-style-type: none"> ➤ Documentation of support to relatives outside of the immediate family (cancelled checks, wire transfer records, statement from recipient indicating amount received, etc.)
	Correction to income or asset information reported	<ul style="list-style-type: none"> ➤ Detailed description of error and correction ➤ Documentation of correct amount (for example, if mortgage value and debt was misreported, a copy of the mortgage statement and most recent assessment of home should be sent)
	Other reason not listed	<ul style="list-style-type: none"> ➤ Please provide a detailed description of the basis of appeal and documentation supporting your request for reconsideration <p><i>NOTE:</i> we are unable to consider appeals based on circumstances that include but are not limited to:</p> <ul style="list-style-type: none"> ▪ High consumer debt ▪ Personal Expenses (pets, cars, housekeepers, vacations, sports, etc.) ▪ Fraternity or Sorority expenses ▪ Expenses that have not yet occurred

Student/Parent Certification

Signature required by either parent OR student

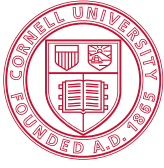
I/We understand that the submission of an appeal does not release the student from the obligation of staying current with the Bursar and/or Cornell Card bill. I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Bursar and his/her college registrar.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

I/We understand the appeal will be reviewed within 7-10 business days of receipt by the Office of Financial Aid and Student Employment (FASE) and that additional processing time may be necessary in the event more information is requested by FASE. I/We understand the parent and/or student may be notified via mail and/or e-mail with the outcome of the appeal decision.

Signature of Parent(s): _____ Date: _____

Signature of Student: _____ Date: _____



PARENT(S)' ESTIMATED YEAR INCOME STATEMENT

Student's Name: _____ **Cornell ID:** _____

Date of parent's employment termination (if applicable) _____ month _____ year
**(Copy of termination letter must be submitted)*

Taxable income parent(s) expect to receive from January 1, 2009 to December 31, 2009.

	Mother/Stepmother	Father/Stepfather
Income (wage, business) earned to date <i>*(Copy of last/most recent pay stub)</i>		
Estimated income (wage, business) from re-employment, if applicable. <i>*(Copy of last/most recent pay stub)</i>		
Unemployment benefits <i>*(Copy of benefit eligibility from the Department of Labor)</i>	\$ _____ <i>Per Week</i> <i>from _____ (mm/dd/yy)</i> <i>until _____ (mm/dd/yy)</i>	\$ _____ <i>Per Week</i> <i>from _____ (mm/dd/yy)</i> <i>until _____ (mm/dd/yy)</i>
Interest/Dividend income		
Severance payment <i>*(Copy of severance statement)</i>		
Any other taxable income <i>(please specify)</i>		

Nontaxable income parent(s) expect to receive from January 1, 2009 to December 31, 2009.

IRA, Keogh and/or SIMPLE payment		
Payments to tax-deferred pension such as 401(K) or 403(B) plans and savings plans (paid directly or withheld from earnings)		
Social Security Benefits		
Child Support received		
Public Assistance (Welfare, Temporary Aid for Needy Families, WIC, and others)		
Untaxed portions of pension distributions or withdrawals (excluding "rollovers")		
Any other untaxed income such as foreign income; or benefit such as worker's compensation <i>(please specify)</i>		

Any additional expenses incurred that you would like us to include such as:
**(Please provide supporting documentation.)*

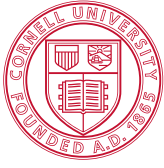
Medical Expenses		
Health Insurance (Supplemental payment)		
Child Support payment		
Private School Tuition		
Others <i>(please specify)</i>		

Please provide an explanation of any additional circumstances on a separate document.
**Please provide all requested documentation; case will not be reviewed without documentation.*

I/We certify the information listed above is a complete and accurate breakdown of all expected income, taxed and untaxed, for the calendar year 2009. I/We understand that the validity of this information will be verified by reviewing the tax returns the following year. I/We realize that any discrepancy may result in adjustment of subsequent financial aid awards.

Mother/Stepmother's Signature _____ Date _____

Father/Stepfather's Signature _____ Date _____



2009-2010 Parent Monthly Income & Expense Statement

Complete this worksheet and return it to the Office of Financial Aid and Student Employment, within ten days of its receipt, in order to ensure that your financial aid is processed in a timely manner.

Print Student's Name

Student's Cornell ID Number

A.) MONTHLY EXPENSES

Next to each item, fill in the dollar amount of your family's average monthly expenses. If your family shares expenses with others, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert it to a monthly average. Fill in all items. If an item does not apply, indicate this by writing "N/A."

1.) Does the family share living expenses with others? Yes No

a.) If yes, with whom? _____

2.) Does the family pay rent? Yes No

3.) Does the family pay a mortgage? Yes No

4.) If NO to questions 2 and 3, please explain: _____

EXPENSES	Average Amount per Month in 2008	Average Amount per Month in 2009
Home Mortgage/Rent	\$	\$
Other Mortgage/Rent	\$	\$
Business Mortgage/Rent	\$	\$
Farm Mortgage	\$	\$

Food and Household Supplies	\$	\$
Clothing	\$	\$
Utilities (Gas, Electric, Phone, Water, etc.)	\$	\$
Gasoline and Auto Maintenance	\$	\$
Public Transportation	\$	\$
Medical/Health Expenses NOT Covered by Insurance	\$	\$
Contributions to Retirement Accounts	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
TOTAL MONTHLY EXPENSES	\$	\$

B.) SOURCES OF INCOME

Please list all sources of income that are used to meet the expenses you listed on the front side. Be sure to include all sources of income such as the **gross amount** of wages, unemployment benefits, disability benefits, credit card advances, personal loans, gifts from family members, savings, business draws, rental income, etc. The Office of Financial Aid and Student Employment will calculate your taxes. Please be specific:

Source of Income (Please specify)	Average Amount per Month in 2008	Average Amount per Month in 2009
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL MONTHLY INCOME	\$	\$

** Amount should be equal to or exceed the total monthly expenses. If not, please explain in Section D.*

C.) OTHER ASSISTANCE SOURCES

Are any of your family's expenses paid by another person or organization? Yes No

Expense Paid and Name of Person(s)/Organization(s) Paying	Average Amount per Month in 2008	Average Amount per Month in 2009
	\$	\$
	\$	\$
	\$	\$

D.) EXPLANATION/SPECIAL CIRCUMSTANCES

Please provide any additional information that would help our office understand how you meet your living expenses. Please explain if your family's financial circumstances have changed in 2008, or if you anticipate a change in 2009 or the near future.

E.) CERTIFICATION

By signing this statement, we certify that all the information reported on this form in support of the student's application for financial assistance is complete and correct to the best of my/our knowledge. (At least one parent must sign if you are a dependent student.)

Student Signature

Date

Parent Signature

Date