University of Idaho

Student Financial Aid Services
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Office Use Only
Doc: SALET #19
Tkg Grp: _____
Comp. Date: _____
Comp. By: _____

2011-2012 Student/Spouse Appeal Letter

Student: _____ Student ID # or Social Security #: _____
Please Print

Today's Date: _____ Phone #: _____

You have indicated that you (and/or your spouse if you are married) may have extenuating circumstances that could affect your ability to contribute to your education. In order for our office to consider these extenuating circumstances, you must submit a letter of appeal specifically explaining the situation along with the **Appeal for Recalculation of Student Contribution** (Form #18 on our website).

Situations that may warrant special consideration include but are not limited to:

- Loss of employment and/or a significant decrease in earnings
- Injury or disability which prevented earning usual income or a natural disaster that prevented earning usual income
- Loss of benefits, such as unemployment, social security, child support, welfare, etc.
- Significant medical/dental expenses that will not be covered by insurance
- Significant one-time increase in income was received in 2010 that is not reflective of typical annual income
- Other _____

Your letter of appeal should be specific and address how, when and why your circumstances have changed. You may need to attach appropriate documentation, such as statements from employers, legal documents, etc. You may use the space below or attach a separate, signed letter.

CERTIFICATION: By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.

Student Signature: _____ Date: _____

Spouse (if married) Signature: _____ Date: _____