University of Idaho

Student Financial Aid Services
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Office Use Only
Doc: SAXYR #18
Tkg Grp: _____
Comp. Date: _____
Comp. By: _____

2011-2012 Appeal for Recalculation of Student Contribution

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

Today's Date: _____ Local Phone #: _____

You or your spouse (if you are married) have indicated that you have extenuating circumstances that could affect your ability to contribute to your education. This form asks for information needed to consider an appeal of your expected student contribution. It should be submitted as part of a written appeal or the **Student Appeal Letter** (Form #19 on our website).

In order for us to recalculate your eligibility (if your appeal is granted), you must provide estimated 2011-2012 income figures. ***All questions must be answered; blank is not an answer.*** **DO NOT** include any funds expected from financial aid and/or veteran's educational benefits! **Use gross income, not take-home or net**.

Student's Estimated Income for 2011-2012	**Summer 2011** (*June/July/August*)	**Academic Year 2011-2012** (*September '11 - May '12*)
Wages, Salaries, Tips - Student	$ _____	$ _____
Wages, Salaries, Tips- Spouse (if you are married)	$ _____	$ _____
Unemployment compensation	$ _____	$ _____
Other Taxable Income		
Interest or Dividend income	$ _____	$ _____
Business or Farm income (or loss)	$ _____	$ _____
Capital gain (or loss)	$ _____	$ _____
IRA or Pension Distributions	$ _____	$ _____
Rental income, partnership income or royalties	$ _____	$ _____
Other: _____	$ _____	$ _____
Untaxed Income and Benefits		
Payments to tax-deferred pension and savings plans	$ _____	$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified	$ _____	$ _____
Child support received for all children	$ _____	$ _____
Tax exempt interest income	$ _____	$ _____
Untaxed portions of IRA distributions	$ _____	$ _____
Untaxed portions of pensions	$ _____	$ _____
Housing, food and other living allowances paid to members of the military, clergy and others	$ _____	$ _____
Veterans noneducation benefits	$ _____	$ _____
Other untaxed income not reported, such as workers' compensation, disability, etc.	$ _____	$ _____
Money received, or paid on your behalf (e.g., bills)	$ _____	$ _____
Other: _____	$ _____	$ _____

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

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____