

Student Financial Aid Services
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Office Use Only

Doc: PAPIC #29
Tkg. Grp: _____
Comp. Date: _____
Comp. By: _____

2016-2017 Parent in College Appeal

Student: _____ Student ID or SSN: _____
Please Print

Required for Appeal:

- Parent must be working toward a degree **and** enrolled at least half-time
- A copy of parent's financial aid award letter
- Proof of parent's tuition, books, and supplies expenses (copy of Student Account statements and/or receipts for books and supplies)
- Student must submit a FAFSA for the 2016-2017 academic year with completed tax information

PARENT SECTION

Name of Parent Attending College: _____ Day Phone: _____

Name of University, College or other accredited school: _____

Major or name of program: _____

Degree type (one-year certificate, associate's, bachelor's, master's, etc.): _____

Number of credits: _____

I certify that all information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Parent Signature: _____

PARENT'S SCHOOL SECTION- To be completed by a financial aid administrator at the parent's school

Is the above named student formally admitted into a degree or certificate program? ☐ Yes ☐ No
Is the above named student currently attending your institution? ☐ Yes ☐ No
Is the above named student considered to be degree-seeking? ☐ Yes ☐ No
Student's enrollment for the semester: ☐ Full-time ☐ Half-time ☐ Less than half-time

Financial Aid Administrator Printed Name

Title

Financial Aid Administrator Signature

Date