



2017 - 2018 Financial Aid Appeal Application
Rhode Island School of Design
Office of Financial Aid

Submit this form:

Fax: 401.454.6412
Online: financialaid@risd.edu
Mail: RISD - Financial Aid
Two College Street
Providence, RI 02903

Student Name: _____ Parent 1 Name: _____

Parent 2 Name: _____

RISD ID: _____ Parent E-mail: _____

Check one: ☐ New Freshman Parent Phone: (H) _____

☐ New Transfer ☐ Current Student Graduation Year: _____

Student Phone: _____

Complete this application and return to our office with the additional documentation requested, if required. **The Appeal Application will not be eligible for review until all documentation is received.** The Income Worksheet is included with this application.

Please check	Reason for Appeal	Required Documentation
<input type="checkbox"/>	<p>Significant loss of income due to termination or change in employment</p> <p>Please note: *we will be unable to consider appeals based on unemployment until 6 weeks from the date of termination/lay-off</p> <p>*changes may not be considered if income loss is not significant</p>	<p>Termination or change of employment:</p> <ul style="list-style-type: none"> • Copy of the last/most recent pay stub for both parents in the household • Termination notice or letter of explanation from employer • Severance statement • Copy of unemployment benefit eligibility from Dept. of Labor • Income Worksheet (attached) <p>Termination or reduction to <i>untaxed</i> benefits, including Social Security, child support, disability:</p> <ul style="list-style-type: none"> • Documentation of reduction • Explanation for change from granting authority
<input type="checkbox"/>	Unexpected life event	<p>Death of parent or other immediate family member:</p> <ul style="list-style-type: none"> • If decrease in income, complete the Income Worksheet (attached) • Documentation of expected Social Security benefits for all family members • Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance <p>Divorce/Separation:</p> <p>If decrease in income, complete the Income Worksheet (attached)</p> <p>Documentation of divorce/separation</p> <p>Listing of child support and/or alimony expected to be paid and /or received</p>
<input type="checkbox"/>	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)

Please check	Reason for Appeal	Required Documentation
<input data-bbox="131 264 175 310" type="checkbox"/>	Other reason not listed	<p>Please provide a detailed description of the basis of appeal, specific financial needs, and documentation supporting your request for reconsideration.</p> <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.) • Expenses that have not yet occurred

Student/Parent Certification

I/We certify that, as of the date this application is signed, the information included herein is true and accurate to the best of my/ our knowledge and is not falsely represented.

I/We understand that the submission of an appeal does not release the student from the obligation of paying his/her balance by the due date. I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to keep his or her account in good standing.

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 revisions based on this appeal does not guarantee the same adjustments will be made in future semesters and/ or academic years.

I/We understand that this appeal will be reviewed by the Office of Financial Aid and that additional information may be requested. I/We understand that the parent and/ or student may be notified via mail and/ or email with the outcome of the appeal decision.

Signature of Parent(s): _____ Date: _____

Signature of Student: _____ Date: _____



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Income Worksheet

All parts of this form are required. If a particular question does not apply, fill in with a N/A or zero.

Student's Name: _____ RISD ID Number: _____

Parent 1 Name: _____ Parent 2 Name: _____

Student's Date of Birth: _____ Today's Date: _____

List below the amounts of ALL income RECEIVED OR ANTICIPATED from January 1, 2017 through December 31, 2017. Attach copies of most recent pay stubs and other documentation of all income to this form and return to the Office of Financial Aid

Taxable Income	Actual income from 1/1/17 until today	Estimated income from today until 12/31/17
Wages, Salaries, Tips, etc.		
Interest and Dividend Income		
Alimony		
Business Income		
Capital Gains		
Taxable IRAs, Pensions, etc.		
Rental Income, Royalties, etc.		
Unemployment Compensation		
Other Taxable Income		
TOTAL TAXABLE INCOME		
Nontaxable Income		
Social Security Benefits		
Untaxed portion of Pension/Annuity		
Retirement/Disability Benefits		
Workers' Compensation		
Child Support		
Public Assistance		
Housing Allowance		
Payments to Tax-Deferred Pension/Savings Plan		
Other Untaxed Income		
TOTAL NONTAXABLE INCOME		

I/We certify that the above information is correct and complete to the best of my/our knowledge. I/We also agree to provide additional documentation if requested.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____