

Appeal for Special Financial Consideration – Dependent Student Office of Financial Aid

Deadline for returning this form is April 1, 2018

Student's Name:	SSN:
Student's Name:	
for further consideration of your 2017 will receive from January 1 through D information. The process of verification http://rocky.edu/admissions/financial-	n reduced, you should complete this form and return it to the Financial Aid Office 7-2018 financial assistance. If you are unable to estimate the total income your family becember 31, 2016 at this time, please keep this form until you can provide accurate on must be completed prior to any adjustment being made. Please go to aid-scholarships/Forms.php to print the required form and return it to the Financial nts listed for both student and parent(s). Questions concerning this form can be
	indicate which explanation(s) apply to your family's 2016 income and/or expenses. In may be required for certain situations. Be sure to complete both sides of this ired before returning to our office.
1. [] Death of a parent (death must Deceased//	have occurred on or after January 1, 2016)
	cate and a copy of the deceased's 2015 federal tax return transcript and W-2s
unemployment must be at least is no longer working full-time. Date of status change/_ Dates of unemployment peri Provide letter from employer	od: From/ until/ r stating last date of employment and reason for status change. the reverse side of this form estimating your 2016 income and attach
3. [] Reduction of Parent's income	
reduction.	enefits and amount(s) received during 2015, as well as reason for termination or the reverse side of this form estimating your 2016 income and benefits.
4. [] Separation or Divorce Date of Decree/_/_ Provide parent's 2015 federa	al tax return transcript and W-2s
already been incurred or that	Examples include medical, dental, or vision expenses that have t are ongoing for the current school year and are not covered by tuition incurred by families. Contact the Financial Aid Office for

documentation required.

Complete both of the sections (Gross Taxed and Untaxed Income) below with income (prior to exemptions, adjustments, or deductions) your family expects to receive from January 1 through December 31, 2016. **If none, enter zeros.** Please attach documentation to support your estimated income.

	Father's	Mother's
2016 Gross Taxed Income	Income	Income
1. Wages, tips and salaries	\$	\$
2. Severance pay	\$	\$
3. Pensions and annuities	\$	\$
4. Interest and dividend income	\$	\$
5. Business or farm income	\$	\$
6. Capital gains	\$	\$
7. Income received from rents after expenses paid for		
mortgage interest, taxes and insurance	\$	\$
8. Alimony which may be received	\$	\$
9. Unemployment Compensation (State and/or SUB)	\$	\$
10. Any other taxable income	\$	\$
Total 2016 Gross Taxed Income	\$	\$
2016 Untaxed Income		
1. Payments to tax-deferred pension and savings plans		
(paid directly or withheld from earnings). Include untaxed		
portion of 401(k) and 403(b) plans.	\$	\$
2. Retirement or disability benefits	\$	\$
3. Workers' Compensation	\$	\$
4. Untaxed portion of pensions	\$	\$
5. Living and housing allowances (excluding rent subsidies		
for low-income housing) for clergy, military, and others		
(include cash payments or cash value of benefits)	\$	\$
6. Child support or maintenance payments which will be		
received for the student and ALL other children	\$	\$
7. Veterans noneducation benefits	\$	\$
8. Railroad Retirement benefits	\$	\$
9. Any other untaxed income and benefits such as Black		
Lung Benefits, Refugee Assistance, etc.	\$	\$
Total 2016 Untaxed Income	\$	\$

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. I have attached proof of any information given on this form.

Parent Signature	Parent Signature
Student Signature	Date Signed

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