

## 2024-25 FINANCIAL AID APPEAL FORM

You have indicated that you and/or your family have had a change in circumstances which may affect your ability to pay for your educational expenses at Midland University. Please complete this form to document your circumstances. The Financial Aid Office will review the information provided to determine if and how this situation may affect your eligibility for financial aid for the 2024-2025 academic year. Completing this form does not guarantee that you will be determined to have additional need, or that additional financial aid will be offered. The decision of the Financial Aid Office is final.

CUMS	STANCE(S)	REQUIRED
	Complete loss of <u>taxable</u> income from work.  Last date of employment:/	Part A & B
	Complete loss of <u>untaxable</u> income (i.e., child support, Social Security)  Source of untaxable income:  Last date received:/	Part A & B
	Significant decrease in income.  Date of decrease://	Part A & B
	Divorce, separation or death.  Date this occurred:/(documentation required)	Part A & B
	Substantial medical expenses not covered/reimbursed by insurance that exceeds 7.5% of Adjusted Gross Income. (documentation, such as EOBs, required)	Part A & B
	Scholarship Appeal	Part A
	Cost of Attendance Appeal	Part A
	Unusual circumstances, (such as human trafficking, refugee or asylee status, parental abuse or abandonment, incarceration), more commonly referred to as a dependency override	Part A
	Other circumstances (short description)	Part A & B
rary, a	in the <i>specific</i> details of the circumstance(s) you checked above. Tell us whether channel if/when there may be a possibility for improvement in your situation. If you need more sheet of paper.	

## PART B

Please report your total income for each category for the year you wish to be considered for the appeal review. If the review year is 2022 or 2023, a copy of the federal tax return is required.

INCOME TYPE	STUDENT	SPOUSE	FATHER	MOTHER	TOTAL
Gross Wages	\$	\$	\$	\$	\$
Calendar year	\$	\$	\$	\$	\$
Farm Income (net for year)	\$	\$	\$	\$	\$
Business Income (net for year)	\$	\$	\$	\$	\$
Other Taxable Income (circle type) (Include tips; taxable portions of IRA distributions, pensions and annuities— excluding "rollovers"; taxable Social Security benefits; taxable disability benefits; alimony received; unemployment compensation; capital gains/losses; income from rents, royalties, partnerships, estates and trusts.)	s	s	s	s	s
Nontaxable Income (circle type) (Include child support; tax exempt interest income; untaxed portions of IRA or pension distributions; housing and/or food and/or living allowances for clergy and military personnel; veterans' noneducation benefits; nontaxable workers' compensation; nontaxable disability benefits.)	s	s	s	s	\$
Any Other Income (describe)	\$	s	\$	s	\$
TOTAL	\$	\$	\$	s	\$

	•	c	4.	1 1 1 1						41 6	
	nnies	OT 6	IIINNAPTING	documentation	are rea	mirea :	which	mav	include	the to	IInwinσ·
·	ODICS	OI 3	uppor ung	uocumentation	are req	un cu,	** 111	11161 9	meruue	the ro	110 11 1112.

- □ Most recent pay stub from all jobs worked in 2022, 2023, or 2024, whichever is applicable (showing year-to-date wages)
- ☐ Most recent payment information from any nontaxable income
- □ 2022 or 2023 federal income tax return filed or transcript from the IRS OR W-2 forms if you did not file a tax return
- □ Cancelled checks or account statements showing required payments (medical or other unusual expenses)
- □ Unemployment statements showing date unemployment began and any unemployment earnings

## **CERTIFICATION:**

All information provided on this form and any attachments provided accurately reflect my/our financial situation, including both increases and decreases in income and expenses. I understand that this information will be used to determine eligibility for federal financial aid and that I may be asked to provide additional documentation to support these statements. I agree to inform the Financial Aid Office in writing if, at a later time, the circumstances as outlined on this form change substantially – for the worse or better. I further understand that by giving false or misleading information, I may be subject to a fine of \$10,000, a prison sentence, or both.

Student's Signature	Date	Father's Signature	Date	
Spouse's Signature	Date	Mother's Signature	Date	

**IMPORTANT: BEFORE MAILING THIS FORM,** be sure to include clear copies of all supporting documentation. Applicants will be notified if any additional information is needed in order to make a decision. After all information has been reviewed, the student will be notified if there is an adjustment to his/her aid eligibility.

## **RETURN FORM AND ACCOMPANYING DOCUMENTATION TO:**

Financial Aid Office Midland University 900 North Clarkson Fremont, NE 68025