



Students and Families:

Prior to submitting an appeal for reconsideration of aid, please read the following important information:

- Before we can process a request for financial aid reconsideration, we must verify **all** current FAFSA data.
- In order to verify current FAFSA data, the Quality Assurance documents listed below must be completed.
 - **Signed and Completed 2009-2010 Quality Assurance Worksheet and all income/tax return documents referenced in the worksheet** The worksheet is available under “Forms” at <http://www.finaid.vt.edu>
- Once we receive your appeal, the Quality Assurance documents must be provided **even if you choose not to pursue the appeal**.
- Please be aware that as we review these verification documents, we must make any necessary corrections to the FAFSA.
- **These corrections may result in a reduction or loss of current aid.**

Unless previously submitted, we must receive all Quality Assurance documents at the time the appeal is submitted. Failure to provide these documents will result in one or more of the following:

- A delay in awarding financial aid
- A delay in any expected financial aid refund
- The loss of previously awarded financial aid

Please review the attached **2009-2010 Financial Aid Reconsideration Form** which lists other items necessary to appeal specific circumstances. Do not return this form without including the Quality Assurance Worksheet and all necessary income/tax return documents. Keep in mind the average processing time for an appeal is eight to ten weeks.

Sincerely,

Office of University Scholarships and Financial Aid

Invent the Future

2009-2010 Financial Aid Professional Judgment Form

Student ID #: _____ Email: _____

 Student's Full Legal Name: _____ , _____ , _____
 (Please print clearly) last first middle

 Parent Email: _____ Student Graduation Date: _____
 (If applicable) Month / Year

Your appeal will be reviewed by the Office of University Scholarships and Financial Aid Professional Judgment Committee and you will be notified of their decision.

Important Notes:

- Additional information may be requested after providing the documentation listed on this form
- Approval of appeal **does not guarantee** receipt of additional aid
- Appeals will not be accepted after **October 19, 2009** for students attending **Fall Term only**
- Appeals will not be accepted after **March 22, 2010** for students attending **Fall and Spring or Spring Term only**
- Include student's name and Virginia Tech ID number on **every page** of documentation
- Allow **eight to ten weeks** after submitting all requested documents for your appeal results
- Do not submit appeals that do not include all requested documentation

Required for all appeals:

- A signed, detailed letter written by the student or parent** describing the reason for the appeal
- Signed and Completed 2009-2010 Quality Assurance Worksheet** and all income/tax return documents referenced in the worksheet The worksheet is available under "Forms" at <http://www.finaid.vt.edu>
- Additional documentation listed below**

CHECK	REASON FOR APPEAL	DOCUMENTATION REQUIRED
___1.	Student's parent or spouse has died since completion of FAFSA	<input type="checkbox"/> Copy of the parent's or spouse's death certificate <input type="checkbox"/> Documentation showing the beginning date and monthly amount of survivor benefits or statement of ineligibility
___2.	Student's spouse paying on his or her own educational loan(s) that is not in deferment -or- Parent paying on PLUS loan(s) or his or her educational loan(s) that is not in deferment	<input type="checkbox"/> Statement of when repayment began <input type="checkbox"/> Copy of a current invoice or payment coupon showing monthly payment amount due and date when loan will be repaid in full **Voluntary payment of a student's loan(s) by the parent will not be considered.
___3.	Natural Disasters	<input type="checkbox"/> Documentation of losses not covered by insurance, federal or state relief, charities, or other programs Additional information may be requested after initial review

Student's ID Number

Student's Last Name

___4.	Extraordinary family medical/dental expenses Expenses can only be appealed for one calendar year, either 2008 or 2009	<input type="checkbox"/> For a 2008 appeal - submit a 2008 IRS 1040 Schedule A if you itemized medical expenses. If you did not itemize, submit proof of medical expenses incurred in 2008 . An insurance Explanation of Benefit (EOB) is not acceptable. <input type="checkbox"/> For a 2009 appeal – submit a 2009 IRS 1040 Schedule A. If that has not yet been filed, you must submit proof of medical expenses incurred in 2009 . An insurance Explanation of Benefit (EOB) is not acceptable.
___5.	The student's parent(s) is attending college at least half-time in a degree-seeking program	<input type="checkbox"/> Enrollment verification from parent's college for the 2009-2010 academic year <input type="checkbox"/> Documentation that parent is enrolled in a degree-seeking program
___6.	The student's parent has retired since completing the FAFSA	<input type="checkbox"/> Copy of separation notice <input type="checkbox"/> Final pay stub <input type="checkbox"/> Documentation of severance pay (if applicable) <input type="checkbox"/> Statement of estimated earnings and non-taxable income for 2009 <input type="checkbox"/> Documentation of monthly income sources for all retirement income, including Social Security benefits
___7.	The student or the student's parents have separated or divorced. Since completing the FAFSA	<input type="checkbox"/> Dependent student – Submit notarized letters from both parents stating the date of separation and identifying the parent providing the student primary financial support. The parent not providing primary support needs to state how much support (if any) will be given monthly to the custodial parent for all family members. <input type="checkbox"/> Independent student - submit notarized letters from both student and spouse. The letters should list any dependents and include the amount of support payments (if any) provided to the student or dependents
___8.	Since completing the FAFSA, the student or parent(s) income has been significantly reduced in 2009	<input type="checkbox"/> Copy of separation notice <input type="checkbox"/> Final pay stub & documentation of severance pay (if applicable) <input type="checkbox"/> Documentation of unemployment benefits or statement of ineligibility <input type="checkbox"/> Statement of estimated earnings and non-taxable income for 2009
___9.	The student or parent(s) no longer receives benefits such as child support, taxable social security, or other sources of income.	<input type="checkbox"/> If benefits are terminated - documentation of the monthly benefit amount received and the termination date of that benefit <input type="checkbox"/> If benefits are reduced – documentation of previous amount and the new reduced amount
___10.	Parent or student has received a one-time disbursement of funds	<input type="checkbox"/> Documentation of funds, explaining the source of funds <input type="checkbox"/> Documentation of how funds were spent Examples may include severance package, bonus, lottery winnings, etc.
___11.	Other extenuating circumstances	<input type="checkbox"/> Detailed letter describing the extraordinary situation **Additional documentation will likely be requested.

By signing this form, I verify that the information submitted with this appeal is true and accurate to the best of my knowledge.

**Student's
Signature**

Date

**Parent's
Signature**

Date

(Required for dependent students only)