



Office of Student Financial Services
 98 Bridge Street
 Henniker, NH 03242
 603.428.2226
 sfs@nec.edu

2017 – 2018 Appeal for Extenuating Circumstances

Student Name: _____ Student NEC ID #: _____

New England College provides a comprehensive financial aid award based on financial need as determined from the FAFSA. If your family’s situation changes or you face extenuating circumstances financial aid awards may be reviewed. However, adjustments cannot be made which would require exceptions to the standard principles and practices used for all families. Appeals cannot be considered based on merit awards from other colleges or other standards outside Student Financial Services general policies.

To submit your appeal complete this form along with the following:

1. File the 2017-18 Free Application for Federal Student Aid (FAFSA) with Transferred Tax Data (*Data Retrieval Tool*) at www.fafsa.gov.
2. Submit the 2017-2018 Verification Worksheet available at <http://www.nec.edu/admission/financial-aid/undergraduate-sfs/>
3. Submit the documentation requested below for the circumstance.

STUDENT INFORMATION

Address		
City	State	Zip
Cell Phone	Home Phone	
Email		

REASON FOR APPEAL	REQUIRED DOCUMENTATION
<input type="checkbox"/> Change in income (Due to unemployment, divorce, retirement, position change, death, etc.)	<input type="checkbox"/> Recent pay stubs, unemployment benefits statement, divorce decree, as applicable.
<input type="checkbox"/> Loss of one-time income (IRA withdrawals, Capital gains, gambling earnings, miscellaneous income)	<input type="checkbox"/> Amount and source of income, explanation and itemization of how the income was used.
<input type="checkbox"/> Disability	<input type="checkbox"/> Proof of disability income, medical documentation, date disability occurred.
<input type="checkbox"/> Excessive non-cosmetic medical/dental expenses	<input type="checkbox"/> Total expenses incurred, paid by self and insurance, amount still outstanding, copy of bills/receipts.
<input type="checkbox"/> Other special circumstances	<input type="checkbox"/> Explain in the next section or separate sheet of paper.



Letter of Circumstance: Detail the extenuating circumstance(s) regarding your appeal. Attach separate sheet if necessary.



FAMILY PROJECTED YEAR INCOME STATEMENT

If you have indicated a change in income during the calendar year 2017 (January 1, 2017 through December 31, 2017) complete the table below with ALL projected income your family expects to receive during 2017. **Attach all year-to-date income statements as well as any other documentation requested.**

SOURCE OF STUDENT INCOME	AMOUNT
Taxable income (earnings, business income, unemployment, etc.)	\$
	\$
	\$
	\$
Untaxed income (disability, TANF, child support received, etc.)	\$
	\$
	\$
TOTAL FOR CALENDAR YEAR 2017	\$

SOURCE OF PARENT(S) OR SPOUSE INCOME	AMOUNT
Taxable income (earnings, business income, unemployment, etc.)	\$
	\$
	\$
	\$
Untaxed income (disability, TANF, child support received, etc.)	\$
	\$
	\$
TOTAL FOR CALENDAR YEAR 2017	\$

CERTIFICATION: Completion of this form does not guarantee an increase in financial aid.

The financial information provided on this form is complete and accurate. It is our obligation to notify the Office of Student Financial Services if our financial situation improves following the completion of this form so our eligibility can be re-calculated. We will provide all requested documentation in a timely manner.

Student Signature _____ Date _____

Parent Signature (if applicable) _____ Date _____