



Financial Aid Appeal Form

Student's Name: _____

Parent's Name(s): _____

Phone
Number(s): _____

Email(s): _____

Please select the reason for your appeal:

- We did not apply for financial aid during the application period and would like to be considered.
- Our financial aid award is not adequate to meet our need.

Did you update your information in SSS Comp Assist?

Yes No N/A

Have your family's circumstances changed since you first applied for financial aid?

Yes No N/A

If yes, please explain your family's changed circumstances: (use additional paper if necessary)

Did your Personal Financial Statement (PFS) accurately reflect your financial situation?

Is there any other information you would like the Financial Aid Committee to consider?
(use additional paper if necessary)

What is the maximum amount of tuition you can afford? _____

Does this include contributions from other family members? Yes No N/A

All of the information provided with the submission of this appeal is true and complete to the best of my knowledge. If necessary, I agree to provide further documentation of the information that I have given. I understand that submission of an appeal does not guarantee a change to my financial aid award.

Signature: _____ Date: _____

Please submit this form and any additional documentation to the front desk in a sealed envelope. If you have questions, please call Lisa Piccione at 510) 428-2606 x204

Financial Aid Appeal Required Documentation

Reason For Appeal	Documentation Required
Loss of wages/untaxed income/benefits	<ol style="list-style-type: none"> 1. Documentation that proves the income received to date for the year (e.g., copy of your two most recent/final pay stub, documentation of unemployment benefits, etc.) 2. Documentation that explains and substantiates the estimate for the amount of income you will receive for the remainder of the year.
Separation or divorce since the aid applications were completed	<ol style="list-style-type: none"> 1. Documentation confirming the date of the separation or divorce. 2. For the parent who completed the <i>PFS</i>, documentation that proves the income already received to date for the year (e.g., copy of most recent/final pay stub, etc.) and that verifies the estimate for the amount of income you will receive for the remainder of the year.
Death of a parent since the aid applications were completed	<ol style="list-style-type: none"> 1. Copy of death certificate, obituary, etc unless not required by the Head of School. 2. Documentation that proves the income already received to date for the year (e.g., copy of most recent/final pay stub, etc.) and that verifies the estimate for the amount of income you will receive for the remainder of the year.
Paid medical and/or dental expenses or ongoing disability	<ol style="list-style-type: none"> 1. Documentation of the amount the parent(s) paid (copies of bills, cancelled checks, etc.). 2. Letter from a medical provider of condition and inability to work and/or social security disability benefit documentation.
Other	<ol style="list-style-type: none"> 1. Any documentation that substantiates the claim.