MIDLAND UNIVERSITY

2020 – 2021
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 2019-2020 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.

If your appeal is related to the COVID-19 pandemic, do not use this form. Please request the COVID-19 appeal form.

DATE: _____/_____/_____

STUDENT NAME: _____

MIDLAND STUDENT ID: _____

Please check the following circumstance(s) best describing what may affect your eligibility for financial aid and complete the required parts of this form.

CIRCUMSTANCE(S)		***REQUIRED***
☐	Complete loss of taxable income from work. Last date of employment: _____/_____/_____	Part A & B
☐	Complete loss of untaxable 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: _____/_____/_____	Part A & B
☐	Substantial medical expenses not covered/reimbursed by insurance that exceeds 7.5% of Adjusted Gross Income.	Part A & B
☐	Scholarship Appeal	Part A
☐	Other circumstances (short description) _____ _____	Part A & B

PART A

Please explain the *specific* details of the circumstance(s) you checked above. Tell us whether changes are permanent or temporary, and if/when there may be a possibility for improvement in your situation. If you need more space, please continue on a separate sheet of paper.

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TURN OVER TO COMPLETE PART B (IF REQUIRED)

PART B

Please report your total income for each type for 2019 if you are completing this form using 2019 information, or your estimated income if you are completing it after that date.

INCOME TYPE	STUDENT	SPOUSE	FATHER	MOTHER	TOTAL
Gross Wages Jan. 1, 2020 – Now	$	$	$	$	$
Now – Dec. 31, 2020	$	$	$	$	$
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.)*	$	$	$	$	$
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.)*	$	$	$	$	$
Any Other Income (describe)	$	$	$	$	$
TOTAL	$	$	$	$	$

Copies of supporting documentation are required, which may include the following:
□ Most recent pay stub from all jobs worked in 2019 or 2020, whichever is applicable (showing year-to-date wages)
□ Most recent payment information from any nontaxable income
□ 2019 federal income tax return 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

Please send to watson@midlandu.edu