Instructions

Our goal is to accurately review your family’s ability to contribute towards your educational costs and provide the most appropriate financial aid package based upon the information provided to our office. We make every effort to provide assistance to all students who qualify. Please be aware that all financial aid awards are need-based.

You may request a review of your financial aid package at any time due to a change in your family’s circumstances or in light of new information regarding unusual situations that your family may be facing. Information presented in this appeal should be either new information or information that has changed significantly from your initial application. Please complete all sections of this form as completely and accurately as possible. If you have not yet submitted your 2014 federal tax returns to our office, please do so. Federal taxes are required for all appeal processing in order to make sure that your application is based on accurate numbers.

Reason for Appeal

Check the box below that most accurately describes your situation. You may check more than one if appropriate. Be sure to complete the back of this form as accurately as possible in all cases.

- Parent is currently unemployed. Date employment ended: ____________. Attach documentation of severance and/or unemployment benefits as well as most recent pay stubs for each parent. Please note: Financial aid appeals related to a parent’s loss of income will be considered only after ten consecutive weeks of unemployment.

- Untaxed income or benefits received have ended. Date of termination: __________. Attach documentation from the agency providing the benefits.

- Extraordinary unreimbursed medical and/or dental expenses. Amount for 2014 calendar year: ___________. Attach a detailed letter and supporting documentation of the expenses.

- One-time capital gain or distribution. Please attach a letter explaining the circumstances that resulted in the capital gain/distribution. Please note that both the circumstances and the capital gain/distribution are one-time occurrences, which did not occur in 2013, and are not expected again in 2015.

- Death of a parent. Date: ____________. Attach documentation of any death benefits received.

- Other. If none of the above categories describe your family’s situation, attach an explanation of your circumstances with as much detail and documentation as possible. If your situation involves a change in income, complete the Projected Income Section on the reverse side of this form.

It is the family’s responsibility to notify our office if any of the above information should change. This notification should occur within two weeks of any change.

Once we review your appeal and determine whether an adjustment can be made, we will notify you of the outcome in writing. If changes are made to your financial aid package, you will also receive a revised award notification. Response time will vary based on our volume of appeals at the time your request is received, but you can expect a response within two to three weeks.

If you have questions, contact the Office of Student Services at 1-800-294-0294

Appeal letters, supporting documentation, and income tax information can be mailed to the following address:

Boston College Financial Aid Processing Center
P.O. Box 67486
Chestnut Hill, MA 02467

Be sure to write the student’s Eagle ID number on the top of each document.
Complete this section if you are appealing based on a loss of employment or any other income-related change.

- Be certain that you provide information for all categories of income, not just the types of income that have changed.
- Attach any documentation you have for your figures, such as your most recent pay stubs, a letter from your employer regarding severance package terms, unemployment benefit statement, etc.
- Actual income will be verified in 2016. If changes were made to your financial aid based on your projections and the actual figures are higher than your projections, aid will be adjusted, and you may be required to repay financial aid received.
- Enter “0” if no income of a certain type is expected.

### Estimated 2015 Taxable Income

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated 2015 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Father’s/stepfather’s 2015 work income</td>
<td>$ ________________</td>
</tr>
<tr>
<td>2. Mother’s/stepmother’s 2015 work income</td>
<td>$ ________________</td>
</tr>
<tr>
<td>3. Severance compensation</td>
<td>$ ________________</td>
</tr>
<tr>
<td>4. Unemployment compensation</td>
<td>$ ________________</td>
</tr>
<tr>
<td>5. Interest and dividend income</td>
<td>$ ________________</td>
</tr>
<tr>
<td>6. Business or real estate income/loss</td>
<td>$ ________________</td>
</tr>
<tr>
<td>7. Taxable IRA/pension/annuity distribution</td>
<td>$ ________________</td>
</tr>
<tr>
<td>8. Other taxable income (such as state tax refunds, alimony, capital gain, taxable social security, etc.)</td>
<td>$ ________________</td>
</tr>
</tbody>
</table>

**Total income from numbers 1 through 8 above**

$ ________________

### Estimated 2015 Net Federal Tax Liability

$ ________________

### Estimated 2015 Untaxed Income

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated 2015 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untaxed Social Security Benefits</td>
<td>$ ________________</td>
</tr>
<tr>
<td>Child support received for all children</td>
<td>$ ________________</td>
</tr>
<tr>
<td>Untaxed pension distributions</td>
<td>$ ________________</td>
</tr>
<tr>
<td>Payments to IRA/401k/other plans</td>
<td>$ ________________</td>
</tr>
<tr>
<td>Tax exempt interest income</td>
<td>$ ________________</td>
</tr>
<tr>
<td>Education tax credits</td>
<td>$ ________________</td>
</tr>
</tbody>
</table>

### Earned Income Credit

$ ________________

### AFDC/ADC or TANF

$ ________________

### Cash/gifts paid on your behalf

$ ________________

### Worker’s Compensation

$ ________________

### Other untaxed income (specify below)

$ ________________

The information provided on this form is accurate and complete to the best of our knowledge. We have provided our signed 2014 federal tax returns, including all schedules and W-2 statements. We understand that completing this form does not guarantee financial aid will be increased. We also understand that if our financial aid award is revised based on using our projected income for 2015, we will be required to provide documentation of that income in January of 2016. If that documentation changes the projected income used, we understand the financial aid award will be adjusted. Additionally, we understand that our projected year income will be used each year when determining eligibility for financial aid. We also agree to notify the Office of Student Services if our income changes.

Student's Signature __________________________________________________________ Date _______________

Parent's Signature __________________________________________________________ Date _______________

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