

## 2020-2021 Financial Aid Appeal Form

If financial circumstances are affecting your ability to attend Stevenson University, we would like to have the opportunity to review your financial situation. Our goal is to offer you the best possible financial aid package within the parameters of existing policies, federal regulations, and the availability of funds.

**To submit an appeal complete this form, a statement explaining your financial situation, and provide documentation to the Financial Aid office. Notification of the decision by the Appeals Committee will be sent to the student's email.**

\*Note if your appeal states that you want our office to match/consider awards from other schools, please include the other schools' offer letters as supporting documentation.

\_\_\_\_\_  
Student's Last Name Student's First Name Student's M.I.

\_\_\_\_\_  
Stevenson University I.D. #

\_\_\_\_\_  
Student's Preferred Phone Number (include area code)

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Parent's Preferred Phone Number (include area code)

**Please include a statement explaining your reasons for submitting an appeal. Please also indicate your expectation for additional aid.**

By signing this form, I certify that I understand the following

- ✓ The decision of this appeal is final.
- ✓ If requested, I agree to provide further documentation to substantiate this appeal.
- ✓ All requests do not guarantee approval and may not ultimately result in an actual increase of the financial aid already offered.
- ✓ All required supporting documents must be submitted prior to the review of my request.

\_\_\_\_\_  
Student's Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required if student is dependent)

\_\_\_\_\_  
Date