

Franklin College Office of Financial Aid

2023-2024 Professional Judgment

Appeal Loss/Reduction of Employment

Federal regulations require the Office of Financial Aid to use financial information from the FAFSA when determining financial need for each academic school year. This form may be used if you feel that the FAFSA no longer adequately reflects your financial circumstances.

Please return this form to the Office of Financial Aid (finaid@franklincollege.edu) with all requested documentation. If documentation is not submitted with this appeal, your request will not be processed.

Copies of the student's and/or parent(s)' federal taxes are required. You may submit a **signed** copy of the tax return(s) or you may request a Return Transcript from the IRS at www.irs.gov or via telephone by calling the IRS at 1-800-908-9946.

Student & Parent Information

Student Name (Last, First, M.I.)

Student ID #

Parent/Stepparent Name (Last, First, M.I.)

Parent and/or Student Address

Parent/Stepparent Name (Last, First, M.I.)

Parent and/or Student Phone Number

Loss/Reduction of income – A decrease of income due to change in employment, layoff, termination, or involuntary resignation.

- Name (and relation to student) of the person(s) who experienced the loss/reduction in income:

- Reason for loss/reduction: _____
- Date of income loss: _____
- Are you receiving Unemployment Benefits? _____ Yes _____ No

Requested Documentation

- Evidence of loss of employment (such as a termination notice or signed official letter from employer on company letterhead)
- Copy of unemployment check(s), benefit statement, or letter stating that unemployment was denied (if applicable)
- Copies of parent(s)' (and/or student's) last three paycheck stubs
- Signed copies of parent(s)' and/or student's 2021 and 2022 federal tax returns (Form 1040 and Schedules 1, 2 and/or 3 if applicable)

Actual and Projected Income

To the best of your ability, please provide your actual and projected monthly income for the 2023 calendar year based on your financial situation today.

Monthly Totals	Gross Wages (pre-tax) Parent 1	Gross Wages (pre-tax) Parent 2	Unemployment Benefits	*Other Income (if applicable)	Child Support Received
<i>Jan 2023</i>					
<i>Feb 2023</i>					
<i>Mar 2023</i>					
<i>Apr 2023</i>					
<i>May 2023</i>					
<i>Jun 2023</i>					
<i>Jul 2023</i>					
<i>Aug 2023</i>					
<i>Sep 2023</i>					
<i>Oct 2023</i>					
<i>Nov 2023</i>					
<i>Dec 2023</i>					
<i>Total</i>					

**Example of Other Income: alimony, death benefits, severance pay, early retirement pay, retirement incentives, housing allowances, other payments made on your behalf*

Certification Statement

I/we certify that the information on this form is true, complete, and correct to the best of my/our knowledge. I/we understand that false statements or misrepresentations are cause for denial, reductions, withdrawals, and/or repayment of financial aid. I/we also understand that this information will be used in accordance with Federal guidelines and may or may not result in adjustments to the student's financial aid eligibility.

Student's signature

Date

Parent's signature

Date