

You indicated you wish to appeal for additional financial aid for the 2019-20 academic year due to special circumstances. Students are expected to utilize all available aid opportunities prior to being considered for, or receiving, additional Concordia gift assistance based on an appeal.

Section I: Student Information

Student Name: _____ Student ID# _____

Student Email Address: _____ Birthdate (MM/DD/YYYY): _____

Citizenship: _____

Semesters until graduation at Concordia (e.g. two semesters remaining): _____

Section II: Family Information

Do your parents plan to contribute financially toward your education? YES NO

If YES, how much are they planning/willing to contribute annually? _____
(Also, please complete Section V and VI on the general appeal form)

If NO, please explain why not? _____

Parent Unemployed – If applicable, provide all the information listed below.

- Attach a written statement indicating the date and reason your parent became unemployed.
- Attached a copy of each parent's most recent pay stub(s) from all employers and indicate on the pay stub the length of the pay period (weekly, biweekly).

Parent Reduction in Earnings – If applicable, provide all information listed below.

- Attach a written statement from your parent(s) outlining the amount of income that was lost or reduced, the date the change became effective and the reason for the loss of income.

Section III: Financial Resource Information (Please report all currency figures in U.S. dollars)

Indicate your current annual institutional scholarship amount(s): _____

Indicate the annual amount your government, agency or foundation will provide for educational costs during 2019-20: _____
Note: Please enclose a copy of the award letter or commitment from the sponsoring agency.

Indicate any additional outside scholarships or grants you receive for educational costs during 2019-20: _____

Indicate personal savings for purposes of study: _____
Note: Please provide a recent bank statement and/or letter of guarantee from bank official.

Do you currently work (on- or off-campus)? YES NO

If YES, what is your monthly income?: _____

If NO, why not?: _____

Are there any special circumstances that you would like the Financial Aid Committee to consider as it evaluates your appeal? YES NO

If YES, please use an additional sheet to explain your individual circumstances.

Section IV: Education Expenses (academic year). Please complete the table below and indicate all current personal expenditures on annual basis.

EXPENDITURES	COST IN U.S. DOLLARS
Cost in U.S. Dollars	
Tuition	
Fees	
Room (on-campus)	
Board/Meals (on-campus)	
Room (off-campus, estimate)	
Board/Meals (off-campus, estimate)	
Educational Books and Supplies	
Lessons	
Credit Overload	
Insurance	
Other payments (i.e. cellphone, car payment, gas, etc.) Please specify.	
Other monthly payments	
TOTAL Expenditure:	
How much additional financial aid per year are you expecting to receive in order to cover all related educational expenditures?	

By signing this appeals form, I certify that all the information reported on it is complete and correct. **WARNING:** If you purposely give false or misleading information on this form you may be fined and your appeal will immediately be rejected.

Student Signature: _____ Date: _____