

# Graduate Appeal Form 2009-2010



Student's Name: \_\_\_\_\_ Spire ID: \_\_\_\_\_

Preferred Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Please list spouse's name (if applicable) \_\_\_\_\_

The Graduate Financial Aid Office has established an estimated annual student expense budget in accordance with federal regulations. Commonly billed expenses such as tuition, fees, books, supplies and a reasonable travel and living allowance are included in this budget. This budget less all resources available to the student (including scholarships, graduate waiver values and other financial aid resources) determine the maximum amount of educational loans that are available to students for the academic year. Students may complete this appeal form on an annual basis to be considered for an increase in their personal estimated budget.

Non-educational related expenses that will not be considered grounds for increasing the student expense budget include but are not limited to: car payments, maintenance or insurance; credit card balances or payments; other consumer loans or living costs during periods of non-enrollment, including expenses related to life before or after graduate school.

Please be sure to complete all applicable fields below, supplying additional documentation when required. Incomplete forms will result in a delay in processing. Please return all completed forms to Graduate Financial Aid Services, 243 Whitmore Building or Fax completed request to (413) 545-1700. Be sure to write your name and student ID in the upper right hand corner of every document submitted.

Below are the amounts that have been established for standard graduate student budgets. If your expenses exceed the amounts listed below, please complete the applicable sections of this appeal form and provide all supporting documentation.

| Expense          | Amount Calculated in Standard Budget |
|------------------|--------------------------------------|
| Room & Board     | \$1000 per month                     |
| Books & Supplies | \$500 per semester                   |
| Transportation   | \$200 per semester                   |

\* If you have travel that is required for academic purposes, please complete the travel section of this appeal and describe in detail the purpose of your travel.

### Personal Expense Worksheet

Student's name or spouse (if applicable) must be on bill submitted to be considered.

| Monthly Expenses   | Required Documentation              | Estimated Monthly Expense |
|--------------------|-------------------------------------|---------------------------|
| Rent / Mortgage    | Copy of lease or 2 cancelled checks | \$                        |
| Heating / Gas      | Copy of 2 months of bills           | \$                        |
| Electric           | Copy of 2 months of bills           | \$                        |
| Cell Phone         | Copy of 2 months of bills           | \$                        |
| Home Phone         | Copy of 2 months of bills           | \$                        |
| Cable / Internet   | Copy of 2 months of bills           | \$                        |
| Child Care         | Copy of bill or contract            | \$                        |
| Other: Please List | Copy of bill(s)                     | \$                        |
|                    |                                     |                           |



**Travel:** Only travel for educational purposes will be considered. For daily travel, please provide your starting and ending location, as well as the number of times per week that this route is traveled and the purpose of the trip below. If you are appealing for one time travel related to a course or independent study, please include invoices for all airfare and hotel expenses in U.S. dollars. Please also include a letter from your Graduate Program Director or Graduate Advisor stating the purpose of your travel.

Starting Location: \_\_\_\_\_  
 Street Address City State Zip

Ending Location: \_\_\_\_\_  
 Street Address City State Zip

How many times per week is this route traveled? \_\_\_\_\_  
 What is the purpose of your travel? \_\_\_\_\_

**One Time Expenses:**

Please check off any situation below in which you are appealing.

- Computer: Please include a copy of your receipt/invoice. Students may be eligible for reimbursement of up to \$2500 once every three years. If you have not yet purchased the computer, please submit an estimate of your total expenses. You will be required to supply an invoice/bill confirming your purchase within 30 days. Failure to do so will result in cancellation of your computer loan.
- Books/Supplies: Please include an invoice/receipt/credit card statement detailing your educational expenses. Please keep in mind that we are already considering \$500 per semester in our budget so appeals will only be considered for amounts that exceed this allowance.
- Change in Marital Status: Please provide a copy of your marriage certificate, separation agreement or divorce decree. If no separation agreement or divorce decree is available, please provide a statement from an attorney verifying that the separation is with the intent to divorce. The couple must be residing at different addresses and must provide evidence of these living arrangements.

The awards for the 2009/2010 academic year are based on 2008 income. If you anticipate that your total income for 2009 will be significantly different, please complete any sections below. Please estimate your income from ALL sources for 2009.

\* Please be aware that appeals for change in employment status or loss of assets will NOT increase your total loan eligibility. If your appeal is approved, we may replace unsubsidized loans with subsidized loans if you have not already received the annual limit of \$8,500 in subsidized loans.

- Change in Employment Status (Including: termination, unemployment, decrease in salary or wages, retirement): Please provide a copy of your most recent/last pay stub, termination letter (if applicable), letter from employer supporting change in employment status, projected income earned for the current year and a statement regarding any other anticipated benefits (including ALL social security benefits, graduate assistantship earnings, severance pay, pension, workers compensation, unemployment compensation, child support, etc.)
- Loss of Assets: Please provide documentation supporting your loss of assets including a letter from a financial institution or lender and a copy of financial statements after the date of your loss. Please explain the circumstances behind this loss.

By signing, I attest that the information submitted for this appeal is true and complete to the best of my knowledge. I agree to provide all the documentation required. I understand that the information provided in past appeals may be reviewed for accuracy and this may impact the decision of this appeal. Furthermore, the accuracy of the information I submit in this appeal may affect the outcome of any future appeals I may submit.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

| Appeal Code | Fall Increase | Spring Increase | Comments |
|-------------|---------------|-----------------|----------|
| (Appl/Comp) | \$ _____      | \$ _____        |          |
| (FEEA)      | \$ _____      | \$ _____        |          |
| (MISA)      | \$ _____      | \$ _____        |          |
| (R&BA)      | \$ _____      | \$ _____        |          |
| (TRVA)      | \$ _____      | \$ _____        |          |
| Other       | \$ _____      | \$ _____        |          |

(TRVA) Breakdown: \_\_\_\_\_ Miles/ Day x 2 = \_\_\_\_\_ Miles Round Trip x \_\_\_\_\_ Trips/Wk x 19 Wks/Semester = \$ \_\_\_\_\_ - \$200 in budget = \$ \_\_\_\_\_ Increase per semester.

Other Comments: \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_

