

Dear Parent/ Applicant:

Attached please find the financial aid appeal application.

There are three (3) forms attached:

- **2010-2011 FINANCIAL AID APPEAL APPLICATION (Required for all reasons of appeal)**
- **2010-2011 PARENT MONTHLY INCOME & EXPENSE STATEMENT(Required for all reasons of appeal)**
- **2010 PARENT(S)' ESTIMATED YEAR INCOME STATEMENT**

Please select all reasons for appeal and provide all required documentation. Please keep a copy of everything you submit for your records. Applications will be reviewed by the Regional Office Tuition Department. You will be notified by mail or email regarding the decision for appeal.

If you have any questions, please contact Lavinia 617-265-0019 ext. 7005 or email [tuition@popejp2catholicacademy.org](mailto:tuition@popejp2catholicacademy.org).

### 2010-2011 FINANCIAL AID APPEAL APPLICATION

Complete this application and return it to the Regional Office Tuition Department with the additional documentation requested, if required. **The Appeal Application will not be eligible for review until all documentation is received.** The *2010- 2011 Estimated Year Income Form* and the *2010-2011 Monthly Income & Expense Worksheet* are included with this application

Student Name	Grade & Campus:	Mother/ Guardian:
Student Name	Grade & Campus:	Father/ Guardian:
Student Name	Grade & Campus:	Address:
Student Name	Grade & Campus:	Parent Email:
Student Name	Grade & Campus:	Day/ Night Phone:

Please check	Reason for Appeal SELECT ALL THAT APPLY	Required Documentation
<input type="checkbox"/>	<p>Significant change to or loss of employment or other income</p> <p><i>*please note we will be unable to consider appeals based on unemployment until 8 weeks from the date of termination/lay-off</i></p> <p><i>* changes may not be considered if income loss is not significant</i></p> <p><b>**Required form:</b> 2010- 2011 Monthly Income &amp; Expense Worksheet</p>	<p>Termination of employment:</p> <ul style="list-style-type: none"> <li>&gt; <b>2010 Estimated Year Income Form</b></li> <li>&gt; Copy of the last/most recent pay stub</li> <li>&gt; Termination notice from employer</li> <li>&gt; Severance statement</li> <li>&gt; Copy of unemployment benefit eligibility from Dept. of Labor</li> </ul> <p>Significant Change of Income/Employment Status:</p> <ul style="list-style-type: none"> <li>&gt; <b>2010- 2011 Monthly Income &amp; Expense Worksheet</b></li> <li>&gt; Copy of the last/most recent pay stub</li> <li>&gt; Letter of explanation from employer</li> </ul> <p>Termination or reduction to <i>untaxed</i> benefits, including Social Security, child support, disability:</p> <ul style="list-style-type: none"> <li>&gt; Documentation of reduction</li> <li>&gt; Explanation for change from granting authority</li> </ul> <p>Business/Farm Income:</p> <ul style="list-style-type: none"> <li>&gt; Detailed listing of income from all sources and expenses for current tax year</li> <li>&gt; Explanation of circumstances</li> </ul>
<input type="checkbox"/>	<p>One-time income</p> <p><b>**Required form:</b> 2010- 2011 Monthly Income &amp; Expense Worksheet</p>	<ul style="list-style-type: none"> <li>&gt; Documentation of distribution (copy of settlement, letter from employer, Form 1099, etc.)</li> <li>&gt; Listing and documentation of expenses paid from distribution, if it is no longer available</li> </ul>

Please check	Reason for Appeal SELECT ALL THAT APPLY	Required Documentation
	<p>Unexpected life event</p> <p><b>**Required form:</b> 2010- 2011 Monthly Income &amp; Expense Worksheet</p>	<p>Death of parent or other immediate family member.</p> <ul style="list-style-type: none"> <li>&gt; Receipts for medical and/or funeral expenses paid</li> <li>&gt; If decrease in income, complete the <b>2010</b></li> </ul> <p>Parents' Estimated Year Income Form</p> <ul style="list-style-type: none"> <li>&gt; Documentation of expected Social Security benefits for all family members</li> <li>&gt; Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance</li> </ul> <p>Divorce/Separation:</p> <ul style="list-style-type: none"> <li>&gt; Documentation of second household expenses</li> <li>&gt; Listing of child support and/or alimony expected to be paid and/or received</li> </ul>
	<p>High medical, educational, or family expenses</p> <p><b>**Required form:</b> 2010- 2011 Monthly Income &amp; Expense Worksheet</p>	<p>Medical:</p> <ul style="list-style-type: none"> <li>&gt; Documentation of medical bills paid during prior tax year. If there is an ongoing condition, please provide documentation and/ or estimate of treatment costs</li> </ul> <p>Educational (parent in college as required by employer):</p> <ul style="list-style-type: none"> <li>&gt; Documentation from employer indicating that enrollment is required</li> <li>&gt; Copy of paid tuition bill</li> <li>&gt; 2010-2011 Monthly Income &amp; Expense Worksheet, if employment is affected</li> </ul> <p>Educational (support for a full-time student in a(n) private school other than the PJPII Catholic Academy and/ or undergraduate college program):</p> <ul style="list-style-type: none"> <li>&gt; Copy of Financial Aid Notification indicating required parent contribution</li> <li>&gt; Detailed listing/ documentation of support to student provided during the academic year</li> </ul> <p>Family:</p> <ul style="list-style-type: none"> <li>&gt; Documentation of support to relatives outside of the immediate family (cancelled checks, wire transfer records, statement from recipient indicating amount received, etc.)</li> </ul>
	<p>Correction to income or asset information reported</p> <p><b>**Required form:</b> 2010- 2011 Monthly Income &amp; Expense Worksheet</p>	<ul style="list-style-type: none"> <li>&gt; Detailed description of error and correction</li> <li>&gt; Documentation of correct amount (for example, if mortgage value and debt was misreported, a copy of the mortgage statement and most recent assessment of home should be sent)</li> </ul>
	<p>High Discretionary Expenses</p> <p><b>**Required form:</b> 2010- 2011 Monthly Income &amp; Expense Worksheet</p>	<p>Please provide documentation for the following expenses:</p> <ul style="list-style-type: none"> <li>&gt; Credit card debt</li> <li>&gt; Out of Pocket College Tuition</li> <li>&gt; Elder care expenses</li> <li>&gt; Charitable Contributions</li> <li>&gt; Student Loans</li> </ul>

<input type="checkbox"/>	<p><b>Other reason not listed</b></p> <p><b>**Required form:</b> 2010- 2011 Monthly Income &amp; Expense Worksheet</p>	<p>Please provide a detailed description of the basis of appeal and documentation supporting your request for reconsideration</p> <p><b>NOTE:</b> we are <b>unable</b> to consider appeals based on circumstances that include but are not limited to:</p> <p><input type="checkbox"/> Expenses that have not yet occurred</p>
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**Parent Certification**

*Signature required by parent(s)*

I/ We understand that the submission of an appeal does not release the family from the obligation of staying current with the Pope John Paul II Catholic Academy Tuition Department. I/We understand that as there is no guarantee that an appeal will be approved, it is the family's responsibility to maintain good standing with the Tuition Department.

I/ We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/ We understand that completing this form does not guarantee financial aid will be increased. I/ We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future academic years.

I/ We understand the appeal will be reviewed by the Regional Office Business Office and that additional processing time may be necessary in the event more information is requested by the Appeals Committee.

I/ We understand the parent (s) will be notified via mail and/or e-mail with the outcome of the appeal decision.

**Signature of Parent(s):** \_\_\_\_\_ **Date**

**Signature of Parent(s):** \_\_\_\_\_ **Date**

**2010 PARENT(S)' ESTIMATED YEAR INCOME STATEMENT**

Student's Name: \_\_\_\_\_

Date of parent's employment termination (if applicable) \_\_\_\_\_ month \_\_\_\_\_ year

Date of parent's employment termination (if applicable) \_\_\_\_\_ month \_\_\_\_\_ year

\*(Copy of termination letter must be submitted)

Taxable income parent(s) expect to receive from January 1, 2010 to December 31, 2010				
	Mother/Stepmother		Father/Stepfather	
Income (wage, business) earned to date <i>*(Copy of last/most recent paystub)</i>				
Estimated income (wage, business) from re-employment, if applicable. <i>*(Copy of last/most recent pay stub)</i>				
Unemployment benefits <i>*(Copy of benefit eligibility from the Department of Labor)</i>	\$	Per Week	\$	Per Week
	from	(mm/dd/yy)	from	(mm/dd/yy)
	until	(mm/dd/yy)	until	(mm/dd/yy)
Interest/Dividend income				
Severance payment <i>*(Copy of severance statement)</i>				
Any other taxable income <i>(please specify)</i>				
Nontaxable income parent(s) expect to receive from January 1, 2010 to December 31, 2010				
IRA, Keogh and/or SIMPLE payment				
Payments to tax-deferred pension such as 401(K) or 403 (B) plans and savings plans (paid directly or withheld from earnings)				
Social Security Benefits				
Child Support received				
Public Assistance (Welfare, Temporary Aid for Needy Families, WIC, and others)				
Untaxed portions of pension distributions or withdrawals (excluding "rollovers")				
Any other untaxed income such as foreign income; or benefit such as worker's compensation <i>(please specify)</i>				
Any additional expenses incurred that you would like us to include such as: <i>*(Please provide supporting</i>				
Medical Expenses				
Health Insurance (Supplemental payment)				
Child Support payment				
Private School Tuition other than PJIICA				
Others <i>(please specify)</i>				

**Please provide an explanation of any additional circumstances on a separate document.**
*\*Please provide all requested documentation: the case will not be reviewed without documentation.*

I/We certify the information listed above is a complete and accurate breakdown of all expected income, taxed and untaxed, for the calendar year 2010. I/We understand that the validity of this information will be verified by reviewing the tax returns the following year. I/We realize that any discrepancy may result in adjustment of subsequent financial aid awards.

Mother/Guardian's Signature \_\_\_\_\_ Date

Father/Stepfather's Signature \_\_\_\_\_ Date

### 2010-2011 PARENT MONTHLY INCOME & EXPENSE STATEMENT

Complete this worksheet and return it to the Tuition Department, within ten days of its receipt, in order to ensure that your financial aid appeal is processed in a timely manner.

Student's Name:

**A.) MONTHLY EXPENSES**

Next to each item, fill in the dollar amount of your family's average monthly expenses. If your family shares expenses with others, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert it to a monthly average. Fill in all items. If an item does not apply, indicate this by writing "N/A."

1.) Does the family share living expenses with others?  Yes  No  
 If yes, with whom?

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2.) Does the family pay rent?  Yes  No

3.) Does the family pay a mortgage?  Yes  No

If **NO** to questions 2 and 3, please explain:

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EXPENSES	Average Amount per Month in 2009	Average Amount per Month in 2010
Home Mortgage/Rent	\$	\$
Other Mortgage/Rent	\$	\$
Business Mortgage/Rent	\$	\$
Farm Mortgage	\$	\$
Food and Household Supplies	\$	\$
Clothing	\$	\$
Utilities (Gas, Electric, Phone, Water, etc.)	\$	\$
Gasoline and Auto Maintenance	\$	\$
Public Transportation	\$	\$
Medical/Health Expenses NOT Covered by Insurance	\$	\$

Contributions to Retirement Accounts	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
<b>TOTAL MONTHLY EXPENSES</b>	.00	.00

**B.) SOURCES OF INCOME**

Please list all sources of income that are used to meet the expenses you listed above. Be sure to include all sources of income such as the gross amount of wages, unemployment benefits, disability benefits, credit card advances, personal loans, gifts from family members, savings, business draws, rental income, etc. Please be specific:

Source of Income (Please specify)	Average Amount per Month in 2009	Average Amount per Month in 2010
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL MONTHLY INCOME</b>	\$	\$

\* Amount should be equal to or exceed the total monthly expenses. If not, please explain in Section D.

**C.) OTHER ASSISTANCE SOURCES**

Are any of your family's expenses paid by another person or organization?  Yes  No

Expense Paid and Name of Person(s)/Organization(s)	Average Amount per Month in 2009	Average Amount per Month in 2010
	\$	\$
	\$	\$
	\$	\$

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EXPLANATION/SPECIAL CIRCUMSTANCES

Please provide any additional information that would help our office understand how you meet your living expenses. Please explain if your family's financial circumstances have changed in 2009, or if you anticipate a change in 2010 or the near future.

PARENTAL CERTIFICATION

By signing this statement, we certify that all the information reported on this form in support of the student's application for financial assistance is complete and correct to the best of my/our knowledge.

Parent Signature \_\_\_\_\_ Date

Parent Signature \_\_\_\_\_ Date