



CLEVELAND INSTITUTE OF MUSIC

09-10 CIM Financial Aid
Special Circumstance Appeal Form

Note: if an applicant, this appeal will not be officially processed until admitted.

Student Name: _____ SSN: _____

The Financial Aid Office has established an appeal procedure to allow for possible recalculation of financial need based on special or unusual circumstances that may not have been reflected on the 2008 income and tax data used for calculating 09-10 financial aid, as processed from your 09-10 FAFSA.

All appeals require completion of the Verification process (if not already selected by Dept. of Education), which requires completed 09-10 Verification Worksheet (Dependent or Independent, as applicable) and signed copies of student (and parent, if dependent) 2008 tax returns in addition to this form before your review will occur.

The following situations DO NOT qualify as a valid reason for appeal: parent refusal to complete FAFSA, parental refusal or inability to pay, excessive credit card debt, vacation expenses, purchase of second or vacation home, loss of overtime, one-time capital gains or excessive voluntary expenses.

Please check the reason(s) for your appeal:

- Loss/Reduction of Employment Income: Parent, student, or spouse has involuntarily lost his/her job and is not working or expected to work full-time the remainder of 2009. Also applicable if there is a temporary layoff or reduction in hours/salary. Person this pertains to: father mother student spouse

Reason for termination or reduction: (attach a copy of termination or reduction letter from employer)

Date employment terminated (or income reduced from layoff or salary cut) ___/___/___
Dates of full-time employment during 2008 ___/___/___ to ___/___/___
Amount of Unemployment Compensation received in 2008 \$_____
Dates of full-time employment during 2009 ___/___/___ to ___/___/___
Amount of Unemployment Compensation expected to receive in 2009 \$_____
(Please attach a copy of last pay stub received or other information to verify)

Name, address and telephone number of employer:
Business Name: _____
Address: _____
Phone: (____) _____

Estimated Income Information for 2009

Please estimate each item for the entire 2009 calendar year. Report \$0 where applicable. All lines must be completed or this form will be returned to the student. It is important that you provide an estimate for the full twelve-month period.

INCOME TYPE	PARENT(S)	STUDENT/SPOUSE
Wages, salaries, tips before taxes:	Father \$ _____ Mother \$ _____	Student \$ _____ Spouse \$ _____
Severance pay:	\$ _____	\$ _____
Interest and dividend income:	\$ _____	\$ _____
Alimony received:	\$ _____	\$ _____
Business and/or Farm income:	\$ _____	\$ _____
Partnership and/or S-Corp. income:	\$ _____	\$ _____
Capital gains:	\$ _____	\$ _____
Pensions and annuities:	\$ _____	\$ _____
Rents and royalties:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Social Security benefits for all family members:	\$ _____	\$ _____
Worker's Compensation:	\$ _____	\$ _____
Retirement and/or disability benefits:	\$ _____	\$ _____
TANF and/or Welfare benefits (excluding food stamps):	\$ _____	\$ _____
Untaxed portions of pensions or annuities:	\$ _____	\$ _____
Living and housing allowances for clergy/military:	\$ _____	\$ _____
Child Support received:	\$ _____	\$ _____
Veteran's non-educational benefits:	\$ _____	\$ _____
Payments to tax-deferred pensions and IRA's (401k, 403b, PERS, STRS, CSRS, KEOGH, etc.):	\$ _____	\$ _____
Other income and benefits:		
Source(s): _____	\$ _____	\$ _____
Source(s): _____	\$ _____	\$ _____
Cash received, or money paid on your behalf:		
Source(s): _____	\$ _____	\$ _____

Certification Statement

All of the information provided in this form is true and complete to the best of my knowledge. If asked by the CIM Financial Aid Office, I agree to submit documentation of any information provided on this form. I realize that underestimating projected income could result in reduced eligibility, repayment of aid or both. I further understand that purposely giving false or misleading information to obtain student financial aid may result in fines and/or other penalties from the U.S. Department of Education.

Everyone who has provided information on this form must sign below. The student (and at least one parent, if dependent) must sign below or this form will be returned unprocessed.

I have answered all questions that apply to my circumstance(s).

I have attached copies of all documentation requested and completed a Verification Worksheet with signed copies of my completed 2008 tax return(s).

If expected loss of income from job(s) is item appealed, and subsequent new job offsets that income loss, I understand I must report this and may have adjusted income numbers re-adjusted to reflect actual scenario later in the year. EFC will be re-processed.

Student Signature _____ Date ____/____/____

Spouse Signature _____ Date ____/____/____
(if married)

Parent Signature _____ Date ____/____/____
(if dependent student)

Please return completed form and supporting documents to:

Financial Aid Office, CIM
11021 East Blvd., Cleveland OH 44106

Questions? Call 216-795-3192
or email kristine.gripp@case.edu

or fax to 216-707-4519