

## 2024-25 Need-Based Appeal Form

To apply for need-based assistance, eligible students first complete the **2024-25 Free Application for Federal Student Aid (FAFSA)** at *StudentAid.gov*. Appeals for certain circumstances that are not reflected on the FAFSA can be made here. This form should be submitted at the time the FAFSA is completed, or when the special circumstances become known. Only 1 form is required per family; list sibling(s)' information in Student Information section.

	STUDENT INFORMATION					
Student Last Name	Student First Name	Middle Initial	Student ID			
Street Address	City	State/Province	Zip/Postal Code			
Phone	Email					
Sibling(s) at SAIC (include Name and Student IDs)						

## REQUEST FOR SPECIAL CIRCUMSTANCES (Complete only the sections that apply to you)

**K-12 Private Tuition:** In the grid below, include the anticipated amount to be paid, less any assistance received from the school, church or other sources, for each child that will be enrolled in private K-12 schooling during the 2024-25 year. *Important: Please include a tuition billing statement from the school reflecting total annual tuition to be paid with your appeal.* 

Student Name	Grade Level	Name of School	Tuition to be Paid	
			Total:	

**College Tuition**: If the sibling(s) or parent(s) of a dependent student is enrolled in college at least half time in a degree, certificate, or other program leading to a recognized educational credential at an eligible institution, then report the amount of tuition to be paid, less any assistance received from the school or other sources, for the 2024-25 year.

Important: Please include a copy of the most recent financial aid award letter with your appeal.

Total:			

			-			a built-in allowance for the ally high, complete the q	
1.	<ol> <li>Report the total amount of Medical/Dental bills PAID (<u>after insurance</u>) from Jan. 1, 2024 to Dec. 31, 2024 a PAID from Jan. 1, 2025 to today's date in this box:</li> </ol>						
	Total:						
2.	•			•	for medically-rela to today's date i	ated care of family meml n this box:	pers from Jan. 1,
	Total:						
"Sched	ule A" (itemize es date of servi	d deductions) fro e, payee, and a	om your 2 n amount	2022 federal paid; a deta	1040 tax return; niled written stat	ove. Documentation cou a signed, itemized list o ement; or other docume n cannot be considered.	f expenses that
						e the section(s) below if ted 2024 income to the I	
Parent	Parent Income (Estimate for period 1/1/2024 to 12/31/2024)  Student Income (Estimate for period 1/1/2024 to 12/31/2024)		024 to 12/31/2024)				
Parent	1 Wages/Severa	ince Pay:			Student Wages/	'Severance Pay:	
Parent	: 1 Unemployme	nt Benefits:			Student Unemp	loyment Benefits:	
Parent	: 1 Other Income	:			Student Other I	ncome:	
Parent	2 Wages/Severa	ince Pay:			Student's Spous	e Wages/Severance Pay:	
Parent	2 Unemployme	nt Benefits:			Student's Spous	e Benefits:	
Parent	2 Other Income	:			Student's Spous	e Other Income:	
TOTAL	. 2024 Income:				TOTAL 2024 Inc	ome:	
paystul or othe docume	bs, unemploymer documents the entation cannot concern the Circumstances	ent benefits sta nat demonstrate <u>t be considered</u> s or Explanation	tements, e a change	and letters for in financial space to exp	rom employers, of circumstances. A	bove. Documentation con detailed written explain the Appeals without support cumstances not reflected another page if necessal	nation of changes, ing d on the FAFSA,
of my l Service	•	inderstand that		-	ve changes, I mu	true, complete and accust notify the Office of	Student Financial
Judent	. s signature		Date		Student's Pa	irent or spouse's signatur	: Date