How to submit an Appeal

The Expected Family Contribution (EFC) formula is the same for all applicants; however, we do understand that a family may have difficulty managing their expected family contribution due to changes in financial circumstances. If you believe you have a special situation that was not reflected in your aid materials, please follow the guidelines below to appeal your need-based aid package. Forward your complete appeal packet to your advisor's attention via email, USPS or fax (*Fax is the preferred method of submission*).

A complete Appeal Packet should include:

- A completed Special Circumstance Appeal form
  - Section A - a written personal statement
  - Section B - identify the reason for your appeal, and attach supporting documentation
  - Section C - sign the certification statement

- Any documents you deem relevant to explain your situation

- Submit any supplemental or new tax documentation, if not already submitted to IDOC
  - Complete tax returns for all businesses - include forms 1065, 1120-S, 1120, K-1’s, and the itemized list for “other deductions”
  - A Signed Amended tax return form 1040x
  - IRS tax data through [FAFSA Data Retrieval Tool](https://www.fafsa.gov) or as a [tax transcript](https://www.irs.gov) (optional, unless otherwise required)

Important Notes

- Timeliness, completeness and accuracy of your packet will impact the outcome of your appeal

- Additional information may be requested of you after providing the appeal and supporting documentation

- Submission of a special circumstance appeal does not automatically ensure that your request will be approved

- If approved, it could result in an increase in institutional grant, institutional loan or a combination of both.
How to submit an Appeal (continued)

When to submit an Appeal

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<tr>
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<th>Submission Deadline</th>
<th>Response Date</th>
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<tr>
<td><strong>2019-2020 Final Appeal Date</strong></td>
<td>January 8, 2020</td>
<td>January 17, 2020</td>
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<td><strong>2020-2021 Appeal Dates</strong></td>
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<tr>
<td>Admitted Early Decision I</td>
<td>January 3, 2020</td>
<td>January 10, 2020</td>
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<td>Admitted Early Decision II</td>
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<td>February 27, 2020</td>
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<tr>
<td>Admitted Regular Decision</td>
<td>April 3, 2020</td>
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<td>Admitted Regular Decision</td>
<td>April 17, 2020</td>
<td>April 24, 2020</td>
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<tr>
<td>Admitted Transfers</td>
<td>May 6, 2020</td>
<td>May 15, 2020</td>
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<td>Returning Students</td>
<td>July 10, 2020</td>
<td>July 17, 2020</td>
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<td>Returning Students</td>
<td>July 31, 2020</td>
<td>August 14, 2020</td>
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<tr>
<td>Final Fall Appeal Date</td>
<td>August 28, 2020</td>
<td>September 11, 2020</td>
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Appeals received after the submission deadline will be considered at the next scheduled date, and a response sent according to the schedule above.

Items not considered as an appeal for need-based financial aid:

- Financial support of grandparents, siblings older than 23, and non-immediate family members
- Consumer debt, such as credit cards or educational loan debt
- Job loss of less than 3 months
- Investments being held for others
- Requests to exclude retirement assets that are not invested in a traditional retirement account
- Student merit or achievements
- Aid or scholarships awarded at other institutions
- Unwillingness to contribute to educational expenses
- Inability to pay the calculated family contribution from current income*

*Please note: It is our expectation that families will use all resources available to them to finance the expected family contribution (EFC) including current salary, savings, investments, student loans, parent loans, and the Emory Payment Plan if necessary.
Special Circumstance Appeal

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Phone: 404.727-6039
Fax 404.727-6709 (Office preferred method of submission)
Email: finaid@emory.edu

Student’s Name: ________________________
Emory ID (EMPL): ________________________

Email Note: Communications regarding this request will be sent via email to the student’s email address marked as preferred in OPUS.

Last 4 Digits of Student SSN (if ID Number Unknown): ____________

Semester /Year of Appeal (check one): □ Spring 2021 □ Year 2020-21 □ Fall 2020 □ Spring 2021

Document Submission Instructions

Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax. When submitting documentation, please do not submit image files or photographs.

A: WRITTEN EXPLANATION OF SPECIAL CIRCUMSTANCES

Please attach a separate written statement detailing your circumstances and providing any pertinent information that will help us better understand your particular situation. Make sure to sign your written statement once completed. This form will be incomplete if this information is not submitted.

ZB: SPECIAL CIRCUMSTANCES FOR CONSIDERATION — Check any boxes that apply to your appeal request

<table>
<thead>
<tr>
<th>REASON FOR APPEAL</th>
<th>REQUIRED DOCUMENTATION</th>
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</thead>
</table>
| □ Loss of employment | □ Last paystub showing year to date earnings
| □ Emory Projected Year Income worksheet
| □ Provide a copy of your completed 2019 federal tax return with all W2s (required)
| □ Emory Monthly Income and Expenses worksheet
| □ Emory Projected 2020 Year Income worksheet
| □ Date employment ended: ____ / ____ / _______
| □ Emory Projected Year Income worksheet
| □ Provide a copy of your completed 2019 federal tax return with all W2s (required)
| □ Emory Monthly Income and Expenses worksheet
| □ Emory Projected 2020 Year Income worksheet
| □ Reduction of recent year income (2019) vs. base year income (2018)
| □ Quarterly business earnings statement, or a quarterly business tax return
| □ Letter from employer confirming earnings reduction and effective date
| □ Receipt of one-time funds/income | □ Document the amount and source of income
| □ Signed statement explaining how funds were spent
| □ Letter from employer confirming any overtime or bonus pay as one-time
| □ Emory Monthly Income and Expenses worksheet
| □ Most recent mortgage statement or lease agreement
| □ Foreclosure or short-sale documents
| □ Confirm home net worth from the county assessor website, or Zillow.com
| □ Cannot afford home
| □ Unusual expense | □ Complete Sibling Enrollment form for a sibling at a high cost college
| □ A statement explaining the unusual expense
| □ Document the expense with receipts and bank statements
| □ Emory Monthly Income and Expenses worksheet
| □ Unusual expense
| □ Illness or Death of a Parent | □ Letter from physician detailing the illness and dates of hospitalization
| □ Copy of the parent death certificate or newspaper obituary
| □ Document the amount of any death benefits received
| □ Emory Monthly Income and Expenses worksheet
| □ Incorrectly reported asset | □ Emory Asset worksheet
| □ 1099-R or 1099-G for retirement rollover
| □ Trust agreement, IRS form 1041, and corpus value
| □ Monthly mortgage statement to confirm real estate debt and monthly payment
| □ 3 months check/savings bank statements
Special Circumstance Appeal

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.727-6039
Fax 404.727-6709 (Office preferred method of submission)
Email: finaid@emory.edu

Student’s Name: ________________________________  Emory ID (EMPL): ________________________________

Email Note: Communications regarding this request will be sent via email to the student’s email address marked as preferred in OPUS.

Last 4 Digits of Student SSN (if ID Number Unknown): __________

C: CERTIFICATION STATEMENT

I certify that the information I am providing is true, complete, and correct to the best of my knowledge. Both parent and student agree to notify the Office of Financial Aid if the circumstance described in the appeal changes, if employment is obtained, or other sources of income are found. I understand that the decision of the appeals committee will be emailed to the email address marked as preferred in OPUS.

Student’s Signature ________________________________  Date ________________________________

Parent’s Signature ________________________________  Date ________________________________

Internal Use Only

Review Date: ________________________________  Advisor Initials: ________________________________

Decision Comments: ________________________________