



CLEVELAND INSTITUTE OF MUSIC

David Cerone, President
cim.edu

07-08 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 2006 tax data used for calculating 07-08 financial aid, as processed from your FAFSA. If you, your spouse, or parents meet one or more of the circumstances listed below, please provide all necessary documentation to substantiate your appeal. Receipts, canceled checks, letters from employers or doctors may be required to verify your claim. If the claim warrants, the CIM Financial Aid office may process adjustments to your FAFSA to account for income or expense amounts applicable for tax year 2006, which may result in a lower EFC. Not all circumstances will result in an adjustment to your aid eligibility. All appeals are considered on a case by case basis.

All appeals require completion of the Verification process (if not already selected by Dept. of Education), which requires completed 07-08 Verification Worksheet (Dependent or Independent, as applicable) with FAFSA Worksheets A, B & C and signed copies of student (and parent, if dependent) 2006 tax returns in addition to this form before your review will occur. Please allow 2 weeks for the results of this appeal (student must already be admitted). Verification Forms and FAFSA Worksheet page are available on Forms page of CIM Financial Aid Website at www.cim.edu/col/colFinAidForms.php.

The following situations DO NOT qualify as a valid reason for appeal: parent refusal to complete FAFSA (if dependent), parental refusal or inability to pay, parent voluntarily retires, 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 for your appeal:

- Loss of Employment:** Parent, student, or spouse has involuntarily lost his/her job and is not working or expected to work full-time the remainder of 2007. 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 ____/____/____

Dates of full-time employment during 2006 ____/____/____ to ____/____/____

Amount of Unemployment Compensation received in 2006 \$ _____

Dates of full-time employment during 2007 ____/____/____ to ____/____/____

Amount of Unemployment Compensation expected to receive in 2007 \$ _____

(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 2007

Please estimate each item for the entire 2007 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	Student
	Mother	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 parental information is given) 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 2006 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 parental information given)

Please return completed form and supporting documents to: Financial Aid Office, CIM
11021 East Blvd.
Cleveland, OH 44106

Questions? Call 216-791-5000 ext. 262
or email kristine.gripp@case.edu