



CLEVELAND INSTITUTE OF MUSIC

David Cerone, President
cim.edu

**08-09 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 2007 tax data used for calculating 08-09 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 2007, which may result in increased federal aid eligibility. 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 08-09 Verification Worksheet (Dependent or Independent, as applicable) with FAFSA Worksheets A, B & C and signed copies of student (and parent, if dependent) 2007 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 may be downloaded at www.cim.edu/col/colFinAidForms.php.

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 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 2008. 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 2007 ____/____/____ to ____/____/____
 Amount of Unemployment Compensation received in 2007 \$_____
 Dates of full-time employment during 2008 ____/____/____ to ____/____/____
 Amount of Unemployment Compensation expected to receive in 2008 \$_____
(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: (____) _____

Separation or Divorce: Parent or student separated after FAFSA application.

Person this pertains to: parents student

Date of separation or divorce ____/____/____

Attach a copy of the divorce decree or letter from attorney documenting that legal proceedings have begun.

Death: Parent or student's spouse has died after FAFSA application.

Name of deceased _____ Relationship to student _____

Attach a copy of death certificate, obituary notice or memorial program.

Unusual Debt or Expenses: Parent, student or spouse has incurred unusual debts or expenses which reduced ability to contribute towards educational costs. Cost must be a recent and/or one-time occurrence and not already taken into account in some form on the 2007 tax return(s).

Type of **medical or dental expense** not covered by insurance or a flexible spending account:

Amount of expenses listed above \$ _____

Attach copies of bills, receipts, canceled checks to verify amount.

Support of extended family member: Name _____ Relationship _____

Amount spent in 2007 \$ _____ in 2008 \$ _____

Attach copies of living expenses covered, receipts, canceled checks to verify amount.

Roth IRA: Parent, student or spouse converted (rolled over) a tax-deferred pension or savings plan into a Roth IRA in 2007, which increased taxable income for that year. (Attach IRS form 8606)

Private/Parochial Elementary or Secondary Tuition Paid:

Name of child/children for whom you pay tuition _____

Age of child/children _____ Amount paid for each child \$ _____

Amount of scholarship or payment from other sources for each child _____

Attach letter or tuition statement from the school(s) listing tuition cost and proof of your payment.

Other: _____

Attach documentation to support this claim.

Estimated Income Information for 2008

Please estimate each item for the entire 2008 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 2007 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