



Returning Student
Financial Aid Appeal
Questionnaire
2021-22

Submit All Documents To:

Financial Aid Office
Illinois Wesleyan University
PO Box 2900
Bloomington, IL 61702
P (309) 556-3096 F (309) 556-3833

2021-2022 Appeal Questionnaire

Student's Info _____
Name ID # Phone Number

Address _____
Street City St ZIP

Please read the attached instructions while completing this form. All income and worksheet figures should be reported for each year. Please **do not** leave blank lines.

1. Parent(s') estimated Adjusted Gross Income (AGI).
2020 _____ 2021 _____
2. Parent(s') estimated income tax paid.
2020 _____ 2021 _____
3. Parent 1 – Estimated wages/earnings. This figure should be a portion of the AGI.
2020 _____ 2021 _____
4. Parent 2 – Estimated wages/earnings. This figure should be a portion of the AGI.
2020 _____ 2021 _____
5. Parent's total Unemployment Compensation in AGI.
2020 _____ 2021 _____
6. Additional Financial Information for Parent(s) (pg. 2).
2020 _____ 2021 _____
7. Worksheet for Untaxed Income for Parent(s) (pg. 2).
2020 _____ 2021 _____
8. Anticipated non-custodial parent support for college expenses.
2020 _____ 2021 _____
9. Untaxed Social Security to be received for all family members.
2020 _____ 2021 _____
10. Current net worth of parent(s') investments (value minus investment debt).

11. Medical expenses that were not covered by insurance, flex spending accounts, and/or health saving accounts.
2020 _____ 2021 _____
12. Current value of parent(s') cash, savings, and checking.

13. Is the custodial parent(s) a dislocated worker? (Y or N)
2020 _____ 2021 _____
14. Student's estimated Adjusted Gross Income (AGI).
2020 _____ 2021 _____
15. Student's estimated income tax paid.
2020 _____ 2021 _____
16. Student's estimated wages, salaries, and/or tips.
2020 _____ 2021 _____
17. Additional Financial Aid Information for Student (pg. 2).
2020 _____ 2021 _____
18. Worksheet for Untaxed Income for Student (pg. 2).
2020 _____ 2021 _____

Parent(s)		Additional Financial Information	Student	
2020	2021		2020	2021
_____	_____	a. Education credits (Hope and Learning tax credits) from IRS form 1040 schedule 3 line 3.	_____	_____
_____	_____	b. Child Support paid because of divorce decree or separation due to legal requirements.	_____	_____
_____	_____	c. Taxable earnings from need-based employment programs such as Work Study and need-based portions of fellowships, and/or assistantships.	_____	_____
_____	_____	d. Grant and scholarship aid reported as taxable income in the Adjusted Gross Income includes AmeriCorps benefits, fellowship, and assistantships funds.	_____	_____
_____	_____	e. Combat pay or special combat pay. Do not enter untaxed combat pay portions	_____	_____
_____	_____	Totals for Question 6	Totals for Question 17	_____

Parent(s)		Worksheet for Untaxed Income	Student	
2020	2021		2020	2021
_____	_____	a. Payments to tax deferred pensions and savings plans (directly or withheld from earnings including but not limited to amounts reported on the W-2 forms in Box 12a through 12d, codes D, E, F, G, H, and S.	_____	_____
_____	_____	b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans from IRS Form 1040 – schedule 1 line 15.	_____	_____
_____	_____	c. Child support received for all children. Do not include foster care or adoption payments.	_____	_____
_____	_____	d. Tax exempt Interest income from IRS Form 1040 – line 2a or 1040A – line 2b.	_____	_____
_____	_____	e. Untaxed portions of IRA distributions from IRS Form 1040 – lines 4a minus 4b or 1040A Lines 4a minus 4b. Exclude rollovers. If negative, enter \$0 here.	_____	_____
_____	_____	f. Untaxed portions of pensions from IRS Form 1040 – lines 5a minus 5d. Exclude rollovers. If negative, enter in \$0 here.	_____	_____
_____	_____	g. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	_____	_____
_____	_____	h. Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	_____	_____
_____	_____	i. Other untaxed income not reported, such as workers’ compensation, disability, etc. Don’t include student aid, earned income credit, additional child tax credit, welfare Payments, untaxed Social Security benefits and income, Workforce Investment Act Education benefits, combat pay, benefits from flex spending accounts, foreign income Exclusion, or credit for federal tax on special fuels.	_____	_____
_____	_____	j. Money received or paid on your behalf, not reported elsewhere on this form.	_____	_____
_____	_____	Totals for Question 7	Totals for Question 18	_____

I (we) understand that the Financial Aid Office may verify all income, asset, and cost information at a later time. Should this estimate appear later to be inaccurate, I (we) will submit new information in writing. I (we) also understand that financial aid awards issued on the basis of inaccurate parent/student information are subject to revision, including cancellation and back billing. I (we) affirm and attest that the information provided is true, complete, and accurate to the best of my (our) knowledge.

Parent Signature

Date

Student Signature

Date

Appeal Questionnaire Situation Summary

The IWU Financial Aid Application and Free Application for Federal Student Aid (FAFSA) may not reflect your unusual financial circumstances. Listed below are special circumstances which may warrant an adjustment to your financial aid proposal. Check all of the below circumstances which may apply to you and your family's situation.

_____ 1. Loss or Reduction of Income

My family is experiencing a loss or reduction of income as of _____ due to the following:

- | | |
|----------------------------------|--|
| _____ Unemployment | _____ <small>Date of Incident</small>
Loss of Unemployment Compensation |
| _____ Reduced Wages or Furloughs | _____ Death or Disability |
| _____ Dual Household Expenses | _____ Other (Detailed Below) |

_____ 2. Parents Recently _____ Divorced _____ Separated

_____ 3. Paying High Medical Expenses Not Covered by Insurance, Flexible Spending, and/or Health Savings Accounts

_____ 4. Other: _____

Along with this appeal form, please submit documentation to support your situation. For example: Medical expense appeals require documentation such as [but not limited to] receipts, copies of canceled checks, and/or account summaries showing 'out of pocket' payments made. The below list may help you clearly and completely document your special circumstances.

1. Provide a detailed description of your situation.
2. Attach documentation verifying your situation.
3. Give an actual 'cost' of the situation.
4. Give the date the special circumstance occurred and a timeframe you expect it to end.
5. Include all 2019 W-2 information and a signed copy of your 2019 Federal Tax Return including all schedules.
6. Include all 2020 W-2 information and a signed copy of your 2020 Federal Tax Return (if available) including all schedules.
7. Include a copy of your most recent 2021 paystub.

Appeal Instructions

Please use these instructions to complete the Appeal Questionnaire. The appeal must be signed by the student and custodial parent. The 2020 IRS lines are provided as a **guide** to estimate future or current income figures in the event that more recent tax return information is unavailable. We would encourage you to use your most recent tax return information to answer each question where possible.

1. Report or Estimate the Parent(s') AGI. 2020 IRS Form:
-1040 line 11
****Do not include non-custodial parent income****
2. Report or Estimate the Parent(s') Income Tax Paid. 2020 IRS Form: 1040 line 22
****Do not include FICA, Self-Employment, or other taxes****
3. Report or Estimate Parent Wages. 2020 IRS Form:
-1040 line 1
****If you own a business or farm, also add lines 3 and 6 from Schedule 1. ****
4. Refer to question 3 instructions.
5. Self-Explanatory.
6. Complete Parent Additional Financial Information on page 2.
7. Complete Parent Untaxed Income Information on page 2.
8. Non-custodial parent refers to a biological parent not living in the household.
9. Self-Explanatory.
10. Investments include real estate (other than your home), trust funds, money market funds, mutual funds, CD's, stocks, bonds, installment and land sale contracts (including mortgages held), and other securities. Investment value includes the market value of these investments. Do not include the value of life insurance and qualified retirement accounts. Investment debt refers to the amount of debt related to the investment.
11. These figures should include all out of pocket payments (such as co-pays and other payments) made after insurance, flex spending, and/or health savings account payments. Documentation supporting the total amount paid for medical expenses is required. Examples of documentation would include (but limited to): account summaries, receipts, canceled checks, Schedule A (if you itemized medical expenses as part of your tax return), and any other documentation that showing payments made.
12. The answer must be completed as of the day you complete the questionnaire. Do not include qualified retirement accounts.
13. In general, a person may be considered a dislocated worker if they are receiving or did receive Unemployment Compensation benefits due to being laid off or loss of a job and are unlikely to be returning to the job, was self-employed but due to economic conditions or natural disaster is now unemployed, a displaced homemaker, or a spouse of an Armed Forces member on active duty who lost a job due to being relocated due to change in duty station.
14. Report or Estimate the Student's AGI. 2020 IRS Form: -1040 line 11
15. Report or Estimate the Student's Income Tax Paid. 2020 IRS Form: 1040 line 22
****Do not include FICA, Self-Employment, or other taxes****
16. Report or Estimate Student's wages. 2020 IRS Form:
-1040 line 1
17. Complete Student Additional Financial Information on page 2.
18. Complete Student Untaxed Income Information on page 2.

Policies and Adjustments

Policy

To qualify for most financial aid programs, a family must demonstrate 'financial need.' Financial need is the difference between the cost of your education and the amount you and your family are expected to contribute to your education, as determined by the Financial Aid Office from the information you supply when you apply for financial aid.

The basis of the calculation is a combination of the federal formula called "Federal Methodology" and "Institutional Methodology." The formulas consider both the income and assets of the family. The data needed for the analysis is collected from the Free Application for Federal Student Aid (FAFSA) and the IWU Financial Aid Application or the CSS PROFILE. The Financial Aid Office determines the accuracy and reasonableness of the data by comparing it to the tax return information. Separate contributions toward the cost of education are calculated for the student and the parents. The two combined contributions constitute the expected family contribution.

An appeal is a request for a re-evaluation of your financial aid eligibility due to changes in your situation from the time you applied for financial aid. When considering your appeal, the Financial Aid Office takes into account the availability of funds, the timeliness of your original application for financial aid, the timeliness of your appeal, and the nature of the change in circumstances. Appeal decisions are subject to Federal, State, and University regulations.

Funding and Financial Aid Adjustments

Due to limited availability of assistance, approved appeals may be funded with IWU, State, and/or Federal grants in addition to student loans. Regardless of circumstances, additional awards may be provided only if money is available at the time your appeal is reviewed.

How to Appeal the Family Contribution

You may complete the enclosed questionnaire including an appeal letter which details your change in circumstances. Please also include any supporting documentation with this form and return the requested information to the IWU Financial Aid Office.