California State University, Chico
Exceptional Circumstances Appeal - Support of Extended Family Members
Complete with black or blue ink.

RETURN TO:  Student Services Ctr. 250  
Financial Aid and Scholarship Office  
Chico, CA  95929-0705  
Phone: 530-898-6451  Fax: 530-898-6883  
E-mail: finaid@csuchico.edu  
Web site: www.csuchico.edu/fa  
Facebook: www.facebook.com/ChicoStateFASO

Expenses for support of extended family member(s) may be considered for an exceptional circumstances appeal, and may allow re-evaluation of individual student aid eligibility. Our first priority is to deliver aid to students based on their initial eligibility. Your FAFSA or California Dream Application must be complete with accurate 2015 tax, income, and family information. Review of exceptional circumstances will take place after (1) you complete a 16/17 FAFSA or California Dream Application and (2) you receive an initial aid offer from CSU, Chico and (3) submit all required documentation including verification information if required.

We recommend that you accept your initial award offer including loans, and plan to cover costs from your current aid package, summer employment, and family resources. Review annual loan eligibility at www.csuchico.edu/fa/typesOfAid/loans/types/index.shtml. Submit a Stafford or PLUS application to request additional loan. If a re-evaluation qualifies you for more advantageous aid programs, your award will be adjusted. Appeals submitted in Summer 2016 will be evaluated after the fall semester begins. You will receive notice of our decision sent to your mailing address on your Student Center.

If this does not increase my eligibility for grant aid, please process my maximum eligibility for Federal Direct Stafford Loans.  □ Yes  □ No

Read instructions and complete this form with all requested information. If you plan to complete more than one appeal, submit all appeals and documents at one time. Incomplete appeals will not be processed.

DOCUMENTATION: Provide documentation for support of extended family member(s) for the period August 2016 through May 2017. Documentation must reflect expenses for the period you are requesting aid and provide the reason for support.

☐ Attach a personal statement explaining the support of extended family (i.e., elder care expenses, their standard living expenses such as mortgage, food, utilities, credit card debt, car payments, insurance, etc.)
☐ Complete the following table
☐ Attach supporting documents (i.e., billing statements, proof of payment, etc.)

Expenses for support of extended family member(s)’ care for the 2016-2017 academic year, while I or my dependent child attends school, are as follows: Expenses must conform to the student’s period of attendance.

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If you fax any additional documentation, specify that it is for an Exceptional Circumstances Appeal. Print student name and Chico I.D. at the top of all documents.

☐ My spouse is also a CSU, Chico student. Spouse’s Name: __________________________ ID: __________________________

I certify that the information on this appeal and all attachments are complete and accurate. If any of the information changes, I understand I must promptly notify the Financial Aid and Scholarship Office and that I may be responsible for repayment of financial aid received.

Student’s Signature __________________________ Date __________________________

Father’s Signature __________________________ Date __________________________

Spouse’s Signature __________________________ Date __________________________

Mother’s Signature __________________________ Date __________________________