

Reason for appeal	Required supporting documentation
1. Change of school	Provide a copy of college acceptance letter or proof of enrollment.
2. Change of Residence	Provide a copy of rental agreement or housing contract.
3. Applied for wrong program	Provide any outstanding documentation (i.e. letters of recommendation).
4. Change in size of family	Provide copy of birth certificate or court documents of adoption for added family member.
5. Change in employment status *Termination, unemployment, change of employment, change of employment from full-time to part-time, position change, decrease in salary/wages, retirement	Provide copy of: * Recent federal tax return; * Termination letter; * Unemployment insurance benefits; * Letter from employer evidencing employment status change; * Projected income earned for current year; * Statement regarding any anticipated retirement benefits (including social security) for the current year
6. Change in marital status	Provide: * Copy of marriage certificates, separation agreement or divorce Decree; * If no separation agreement or divorce decree, provide a statement indicating date of intended divorce/separation. ➤ Separation must be with the intent to divorce; couple must be at different addresses. * Is there an agreement of financial support payments (e.g. child support)? ➤ If yes, please list amount of child support payment and provide proof of child support payments. * Number of people now in household
7. Loss of assets	Provide copy of documentation evidencing loss of assets (e.g. letter from the lender or financial institution, financial statements after date of loss, etc.)
8. Loss of one-time income * Capital gains * IRA withdrawals * Gambling earnings * Miscellaneous income	Provide: * Amount and source of income; * Signed copy or prior year Federal tax return; * Documentation of IRA rollover, if applicable; * Explanation and itemized list of "how the money was used"
9. Excessive medical/dental (non cosmetic only) expenses	Provide: * Total expenses incurred; * Total amount paid; * Total paid by insurance; * Total amount still due/outstanding; * Copy of the most current medical/dental bill statement showing; amounts paid and outstanding
10. Illness	Provide: * Letter from doctor indicating dates of illness; * Copy of medical bills
11. Loss of social security/disability benefits/child support	Provide: * Date benefits stopped; * Documentation from agency providing benefits that states when Benefits stopped and amount received (if any) in the current year
12. Disability	Provide: * Date disability occurred; * Proof of disability (medical documentation, letter from vocational rehabilitation, etc.); * Copy of current year-to-date pay stubs from all jobs held; * Proof of disability income
13. Death of family member	Provide copy of the death certificate and a statement regarding any anticipated insurance proceeds for the current year.

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

*Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
 Telephone: (704) 330-6942 Fax: (704) 330-5053*

You may submit, fax or mail your documents to any of our six locations.