

APPLICATION FEE WAIVER APPEAL

SIGNIFICANT CHANGE IN FINANCIAL CIRCUMSTANCES

, I \RXU ILQDQFLDO VLWXDWLRQ RU WKDW \RX\RXU UDFXOW\W WKDW DYLHQIRX EDX
DSSOLFDQW IHH ZDLYHU UH HYDOXDWHG 7R LQLWLDWH WKH UHYLHZ SURFH
LQFRPH FLUFXPVWDQFHV ,Q DGGLWLRQ WR WKH SHUVRQDO VWDWHPHQW
HDUQLQJV ,QFOXGH RWKHU GRFXPHQV DV DSSURSULDWH WR VXSSRUW \RX

REASON FOR CHANGE:
(Check all appropriate boxes)

Person(s) impacted by change (check all that apply) Student Spouse Parent(s)

Loss/reduction of income Loss/reduction of Bene ts (please specify) _____

Separation/Divorce Death of Parent/Spouse Other (please specify) _____

Dates change(s) occurred _____

3URMFWHG WRWDO LQFRPH EHQHILWV H[SHFWHG WR UHFHLYH LQ FDO

If you are eligible for one of the following application fee waivers, please check the box below and attach the appropriate documents

Alan Pattee California Veteran Dependents Dependent of Victims of September 11, 2001

CERTIFICATION

I certify that the information provided on this form and attached statement is true, complete, and accurate.

Student Name _____

Student Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

