

Santa Margarita Catholic High School

2019-2020 Tuition Assistance Appeal Form

Please submit this form if any of the information on your 2019-2020 tuition assistance application has changed. This form will only be reviewed in the case of a **significant change** to your income, a loss of employment, or other extenuating circumstances/hardships.

General Information

Parent Name: _____ Email Address: _____
 Cell Phone: _____ Home Phone: _____
 Address: _____

1. Student Name: _____ Grade: _____
 2. Student Name: _____ Grade: _____
 3. Student Name: _____ Grade: _____

Appeal Process

Submitting an appeal does not guarantee that your tuition assistance award will be increased. If your appeal is approved, your application will be considered by the Tuition Assistance Committee for an amount based on remaining tuition assistance funds. Please do not rely on the success or requested amount of your appeal to cover your expenses. The submission of an appeal does not postpone any tuition or balances due.

1. Has your family’s financial situation changed since completing the 2019-2020 Facts Grant & Aid application?
2. What is the reason for this appeal?

You must provide the following documentation along with this appeal form:

Reason for Appeal	Documents Required
Loss of Employment	<ul style="list-style-type: none"> • Official Documentation regarding Loss of Employment • Copy of Unemployment Benefits (if applicable) • Copy of Final Paystub • Copy of Most Recent Paystub for Co-Applicant
Decreased Income	<ul style="list-style-type: none"> • Consecutive Paystubs showing the decrease in pay,
Death of an Applicant	<ul style="list-style-type: none"> • Copy of the Death Certificate or Other Legal Documentation of Death
Unexpected Medical/Dental Bills	<ul style="list-style-type: none"> • Confirmation of Out of Pocket Expenses
Large Expenses	<ul style="list-style-type: none"> • Contractual Obligations • Payment Receipts • Written Documentation
Other	<ul style="list-style-type: none"> • Any other changes must be accompanied by proof of the change. Please provide written documentation of any other circumstances.

3. Were you initially awarded tuition assistance?
4. Select the range of payment you are able to pay **monthly**. (Please understand that while we do our best grant tuition assistance to as many families as possible, there are limited funds and we are unable to offer 100% assistance to a student.)

List the details of your financial change or extenuating circumstance

What date did this occur?

Who experienced the change? (Mother, Father, Sibling, Grandparent, etc.)

What is the total amount of your decrease in income or additional large expenses not previously considered?

Please provide a brief explanation of the reason for this appeal.

Parent/Guardian Signature Certification

I understand that submitting this appeal does not guarantee that I will be granted additional tuition assistance. Everything I have submitted on this form is true and accurate. Any falsification may result in the loss of all tuition assistance. I further acknowledge that without supporting documentation, my appeal may not be reviewed. I am aware that the processing of this appeal may take time and I will be notified via mail and/or email once a decision has been made.

Parent Signature: _____ **Date:** _____

Parent Name (Please Print): _____

Please email this form and all supporting documentation to the Tuition Assistance Committee at:
smchstuitionassistance@smhs.org

Any questions or concerns may be emailed to the address above or you may contact the business office.

Please allow at least 2 weeks for the appeal process. Times may vary depending on the time of year and type of request.