

STEP 4: ESTIMATED 2017 INCOME/BENEFITS

Using the chart below, enter the total yearly income that _____you, _____your spouse, _____your parent(s) expect to receive from January 1, 2017 through December 31, 2017. Complete ONLY for person whose income has changed. Use ONLY custodial parent in cases of divorce, separation and death. Use only YOUR income information if you are divorced, separated or widowed. If answer to item is none, write -0-.

	STUDENT/SPOUSE		PARENTS	
Wages, salaries and tips – 01/01/17 to today	\$	(student)	\$	(father)
-today to 12/31/17	\$	(student)	\$	(father)
Wages, salaries and tips – 01-01-17 to today	\$	(spouse)	\$	(mother)
-today to 12/31/17	\$	(spouse)	\$	(mother)
Other taxable income (interest, dividends, alimony, net business/farm income, capital gains, pensions, annuities, etc.)	\$		\$	
Other untaxed income & benefits (untaxed interest, untaxed & taxed deferred pensions, workman's compensation, IRA/Keogh payments, etc.)	\$		\$	
Child support paid (do not include for children claimed as part of household)	\$		\$	

Will you receive any of the following benefits during 2015? _____YES _____ NO

If YES, please provide documentation and complete the following:

____ 2017 estimated unemployment benefits \$ _____
 ____ 2017 estimated worker's compensation \$ _____
 ____ 2017 estimated child support received (for all family members) \$ _____

Other Comments: _____

STEP 5: CERTIFICATION STATEMENT/SIGNATURES

I/We certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student _____ Date _____ Spouse _____ Date _____

Parent's signature is required only if parent's information was provided above.

Father _____ Date _____ Mother _____ Date _____

This appeal will be reviewed by the Financial Aid Office. You will be notified in writing of the decision within 4 weeks of submitting this appeal. **Required documentation must be attached to this appeal.** Return completed form with attached documentation to the Financial Aid Office.

MAIL: Financial Aid Office
 Good Samaritan College of Nursing and Health Science
 375 Dixmyth Ave
 Cincinnati OH 45220-2489

PHONE: 513-862-2742 or
 513-862-3571
FAX: 513-862-3572