



COLUMBIA

SCHOOL OF SOCIAL WORK

Office of Financial Aid

Columbia School of Social Work

1255 Amsterdam Avenue, 5th floor

New York, New York 10027

Tel: (212) 851-2293 Fax: (212)851-2293

swfinaid@columbia.edu

University Loan Appeal Form

This form is to be completed only by a student who was denied a Federal Direct Graduate PLUS Loan or a private education loan, has appealed the decision and made all reasonable attempts to clear up any credit report discrepancies or to secure a co-signer, but is still unable to get approval for either type of loan.

Based on the information you provide below; the Columbia School of Social Work will assess your funding needs in order to identify your basic cost of attendance (COA) during the academic year. Basic COA is defined as: tuition and fees, books, transportation, rent, utilities, phone, food, and basic personal expenses (e.g. such as for toiletries and everyday items).

The school **cannot** provide you funding for the following items:

- Credit card payments
- Education or private loan repayment
- Discretionary (optional) medical or dental procedures
- Spousal maintenance expenses
- Child *support* expenses
- Student conferences
- Purchase/maintenance of a car (*Federal law prohibits the School from providing aid for consumer debt, which includes car payments and car insurance.*)
- Other non-educational related expenses
- Expenses incurred during periods of non-enrollment

PLEASE NOTE: *Submitting an appeal does not guarantee that the School will be able to offer you funding equal to the amount you are requesting. The School has very limited funding and, while we do all we can to assist students with high need, we cannot guarantee that we will be able to meet your desired level of funding. All funding appeals are carefully reviewed by the Assistant Director and by the Director of Financial Aid.*

**University Loan Appeal Form
2024-2025 Academic Year**

Last Name: _____ First Name: _____ CUID: C00 _____

Preferred Phone Number: _____ Alternate Phone Number: _____

Needed for Term: Summer 2024 Fall 2024 Spring 2025 Amount Needed: \$ _____

NEEDED ITEMS FOR TERM: TUITION/FEES ONLY TUITION/FEES/PERSONAL EXPENSES

| BUDGET ITEM: | COST/EXPENSE |
|--|-------------------------------|
| Tuition & Fees (as noted in your award letter) | \$ _____ |
| LIVING EXPENSES | <u>MONTHLY EXPENSE</u> |
| Housing (your share only if you are living with someone) <i>submit lease w/ name on it</i> | \$ _____ |
| Utilities (your share only; gas/electric, etc.) <i>two months of statements while a student</i> | \$ _____ |
| Phone <i>(submit bill w/ your name and cell number on it)</i> | \$ _____ |
| Internet (if applicable) | \$ _____ |
| Food <i>(if you have dependent and cost exceeds COA amount)</i> | \$ _____ |
| Transportation | \$ _____ |
| Personal expenses (e.g. for toiletries and basic every day needs) | \$ _____ |
| Child Care ¹ <i>Must be on agency letterhead with child's name, dates, time (duration) and amount with 1 canceled check</i> | \$ _____ |
| Medical (if applicable): Itemized bill <i>or letter head of Dr showing amount of out-of-pocket expense not covered by insurance</i> | \$ _____ |
| Other: Signed copies of receipts or relate documentation | \$ _____ |
| Other: Signed copies of receipts or relate documentation | \$ _____ |
| Other: Signed copies of receipts or relate documentation | \$ _____ |
| TOTAL <u>MONTHLY EXPENSES</u> | \$ _____ |

¹ Maximum of \$1,000/month; only allowed if single parent or if spouse is also enrolled in school or employed at least part time.

NOTE: For your above-listed living expenses (e.g. rent, food, utilities, etc.), please provide copies of at least one month's bills or receipts for the indicated item(s) and total cost. Examples include: a copy of your lease or rental agreement to verify your monthly rent; a copy of your utility bill; a copy of your monthly phone bill; one month's worth of food bills/receipts, etc.

By signing this form, you agree that all of the information and documentation presented to the Office of Financial Aid is accurate to the best of your knowledge, and that you will notify the Office of Financial Aid if there is any change to the information you have provided. Appeals are generally reviewed within 2-3 weeks of receipt, and you will be notified via your Columbia email address when that review has been completed.

Signature: _____ Date: _____



FOR OFFICE USE ONLY

List funding student is receiving:

CU Scholarship _____

Federal Unsubsidized Loan _____

Federal Work Study _____

Outside (non-CU funding) _____

Total cost of attendance: _____

Total funding received: _____

Total funding needed: _____

Total to be awarded in CU Loan: _____

Appeal approved: _____

Appeal Denied: _____

Reason/comments: _____

Staff name & signature: _____

Date: _____