

St. Joseph School Financial Aid Decision Appeal Form

You have received notification from the school notifying you of the actual aid to be granted for the **2021/2022** school year according to the evaluation process and forms you sent in to TADS. If you disagree with the evaluation, please use this form to report any unusual or extenuating circumstances that contribute to your family's financial situation.

Once this form is completed, please return it and any helpful documentation to: Mrs. Kelly Roche kelly.roche@stjosephcommunity.org or (13900 Biscayne Ave W) within 14 days of your award notification. Be assured that this information and process will be extremely confidential.

Family Information: Please list the parent that was entered into Section A of your application.

Parent's Last Name	First Name
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Street Number and Name

City State Zip Code

Students' Names

Please check off the appropriate change in situation here:

- Decrease in income due to loss of job
- Decrease in income due to change of job or hours worked
- Additional expenses due to required medical treatment
- Other _____

Please describe your situation in detail and indicate what amount you need in order to attend St. Joseph School. Please attach any documentation that will help support your appeal.