



MARIAN CATHOLIC HIGH SCHOOL
An exceptional education rooted in faith, family and tradition.

MARIAN CATHOLIC HIGH SCHOOL 2024-2025 Appeal Form

Student's Name _____ Year of Graduation _____

Marian Catholic High School recognizes that situations occur which may affect the financial situation of a family and eligibility for financial assistance. This form is designed to document those unique situations, which occur after a family has been reviewed for financial assistance for the academic school year shown above.

Please allow time for the Financial Aid Committee to review your financial situation or change of circumstance. Once the Financial Aid Committee has reviewed your appeal, you will be notified of the decision via email.

You must complete all items on the appeal form, provide a signed letter detailing the circumstances of the appeal, provide an average monthly budget detailing all income and expenses and provide the last month of paystubs for both parents and/or guardians. Incomplete requests will not be reviewed until the Committee has received ALL required documentation. Please indicate which situation applies to you.

_____ A. Parent/Guardian is currently unemployed for more than 4 weeks due to layoff, release, or disability/illness.

Last Day of Work _____

Will you be receiving a severance package? Y N (If yes, please provide documentation)

Will you be receiving unemployment benefits? Y N (If yes, please provide documentation)

Will you be receiving disability benefits? Y N (If yes, please provide documentation)

Estimated decrease in monthly/annual income \$ _____

_____ B. Divorce or separation.

Date of separation or divorce (filed) _____

Will you be receiving alimony? Y N (If yes, please provide documentation)

Amount of child support \$ _____ (Please provide documentation)

Who is the responsible party for the child's tuition? _____
(Please provide a copy of the legal agreement)

_____ C. Death of a Parent/Guardian.

Will any benefits be received for yourself or any eligible children in your household? Y N
Examples of benefits include insurance payments, social security, disability, etc.

(If yes, please provide documentation)

2024-2025 Appeal Form

GENERAL INSTRUCTIONS

1. Provide complete answers to all applicable items on the appeal form.
2. Provide all documentation requested on the appeal form.
3. Provide a signed letter detailing your financial situation.
4. Provide an average monthly budget showing all income and expenses.
5. Provide the last month of paystubs for both parents or guardians.
6. Sign the appeal form.
7. Return the completed appeal package to Andrea Feathers, Director of Finance
Mailing Address: 166 Marian Ave, Tamaqua, PA 18252
Email Address: afeathers@mariancatholics.org

SPECIFIC INSTRUCTIONS

- Part A. Please include documentation to support unemployment. This would include a termination letter, notice of layoff, or other notification showing the last date of work. Provide details of any severance package, unemployment benefits, or disability benefits. Finally, please provide the estimated decrease in the amount of monthly/annual income due to the unemployment, layoff, release, or disability/illness. If your unemployment will be less than four weeks, but will greatly impact your monthly/annual income, you may send supporting documentation for consideration for short-term unemployment.
- Part B. If you have recently become divorced or separated, provide the date of the change to your marital status and any legal documentation showing the amounts you will receive regarding alimony, child support, or any other financial arrangement. Please provide the name of the party responsible for the child's tuition/fees and provide documentation supporting the designation.
- Part C. Provide all documentation for any benefits either the surviving parent/guardian or eligible children in the household will receive in the form of death benefits.
- Part D. Provide a detailed listing of all medical expenses that were either unforeseen or extraordinary. Please provide a diagnosis regarding the medical condition. You may provide copies of invoices, medical statements, or account summaries to support the medical expenses.
- Part E. Please provide any documentation that would support any additional circumstance that has contributed to your financial hardship. This may include extraordinary expenses for debt, repairs, school/college costs, caring for elderly or infirmed parents'/family members, etc. Please provide as much information as possible.

Checklist: Before submitting the appeal form, did you do the following:

1. Provided complete answers to all applicable items on this form?
2. Provided all documentation requested on this form?
3. Provided a signed letter detailing your financial situation?
4. Provided an average monthly budget showing all income and expenses?
5. Provided the last month of paystubs for both parents or guardians?
6. Signed the appeal form?