

Special Circumstance Appeal Application

Name: _____ ID #: _____

Student Phone # _____ Parent Phone # (if dependent student) _____

Address: _____ City: _____ State: _____ Zip: _____

The primary responsibility for financing a student's education rests with the student and their family. Unless a student is classified as independent for financial aid purposes by federal definition, parental income and asset information must be included in determining eligibility. Student (and parent, when applicable) contributions (together making up the Expected Family Contribution or EFC) are calculated using a congressionally mandated need-analysis formula. The Financial Aid Office recognizes this formula may not accurately reflect special circumstances for individual students and/or families.

If your situation has changed drastically from the information you provided on the Free Application for Federal Student Aid (FAFSA), and the situation falls into one of the categories listed on this form, you may submit a complete Special Circumstance Appeal with the required documentation. Because this is often a lengthy process, please allow additional processing time after we receive the request.

Once a completed request is reviewed, it may result in either 1) a reduction in the base year income and/or assets, 2) the use of projected income for the current calendar year, or 3) an increase in Cost of Attendance (COA) for the current academic year.

In many cases, an adjustment does not increase the student's eligibility for gift aid (grants and scholarships that do not have to be repaid). In fact, the adjustment may only increase the student or parent's eligibility for loans, change non-need-based loans to need based loans, or may not result in any increased funding.

All appeals must be submitted with a letter of explanation and request, signed copies of 2022 & 2023 federal tax return, Schedules 1, 2 and 3, W2's, current pay-stubs, and detailed documentation specific to your situation. An incomplete application will be returned. In order to ensure your application is reviewed as quickly as possible, please submit documentation to support your special circumstance. **Requests for further documentation from our office will delay processing.**

My 2023 or 2024 income was or will be significantly lower than my 2022 income due to (check all that apply):

Reduction of Income due to loss of Child Support Benefits and/or Alimony

Loss or reduction of household income due to death, permanent disability, and/or separation/divorce (for independent students/spouse or parents of dependent students)

Reduction of income due to one-time income (examples: moving allowance, back year social security payments, IRA/pension distribution, sale of primary residents, etc.)

Unusual Medical and Dental Expenses paid in 2023 and not subject to reimbursement by insurance (Independent Students/spouses or parent of Dependent Student)

Reduction of earned income of more than 20% of 2022 earnings of student, spouse, or parent of dependent student.

Expenses required for a Special Needs Child or Dependent Adult (special services, equipment, etc.) not covered by other sources.

Expenses for Elementary and Secondary Tuition for your dependent children to attend school during the 2024-2025 academic year. Do not include amounts covered by scholarships or waivers or college school tuition.

Family hardship due to natural disaster (including fire, hurricane, tornado, flood, etc.)

Other. Include detailed explanation and any documentation detailing the change.

What is the date of the above change? _____

INCOME SOURCE(S)	2023 Actual or 2024 Estimated
Wages, Salaries, Tips-Father	\$ _____
Wages, Salaries, Tips-Mother	\$ _____
Wages, Salaries, Tips-Student	\$ _____
Wages, Salaries, Tips-Spouse	\$ _____
Interest/Dividend Income	\$ _____
Interest on Tax-free Bonds	\$ _____
AFDC/Welfare Benefits	\$ _____
Alimony/Child Support Benefits	\$ _____
Unemployment Compensation	\$ _____
Workers' Compensation	\$ _____
Pensions/Annuities	\$ _____

Capital Gains	\$ _____
Rental Income	\$ _____
Business/Farm Income	\$ _____
Housing/Food Allowance-Military, Clergy, etc.	\$ _____
Veteran’s Benefits: non-educational benefits	\$ _____
Insurance Settlements	\$ _____
Other Income	\$ _____
TOTAL (add all lines above)	\$ _____

Certification

I certify that I have read all enclosed information and understand the following:

1. All documentation has been provided. The Special Circumstances Appeal will not be reviewed, but will be returned if incomplete.
2. A Financial Aid Professional will review this appeal. I will contact them directly if I have any questions or concerns.
3. I will receive written acknowledgement of the decision. The notification may be a Revised Award Letter.
4. Appeal requests will be processed within 14 business days of receipt. Please note, if selected for verification, verification is required prior to reviewing special circumstance appeals.

I certify that the information provided on this form and accompanying documentation is true and correct to the best of my knowledge and belief. I agree, if requested, I will provide documentation to support the information provided with this request. I understand that underestimating projected income could result in reduced eligibility, repayment of aid, or both, in the current or next academic year. I understand that if the actual difference of projected income and actual income is less than 20% that I will be ineligible for a Special Circumstance Appeal in the following academic year.

Student Signature Date

Spouse Signature (if applicable) Date

Father Signature (if applicable) Date

Mother Signature (if applicable) Date