

Student Name: \_\_\_\_\_ Student SSN# XXX-XX-\_\_\_\_\_  
LAST FIRST M.I.

You may use this form to report special/ unusual circumstances that are not addressed on the *Free Application for Federal Student Aid (FAFSA)*. **PLEASE NOTE:** you may **NOT** appeal for additional aid based simply upon an inability to fund the gap in your cost of education; rather it is an appeal to make adjustments to the financial information on your FAFSA due to special or unusual circumstances.

**Not all changes in circumstance will result in an adjustment to financial aid eligibility.**

The following circumstances **cannot** be considered for a special circumstances financial aid appeal:

- Tuition paid for children in elementary or secondary private school, or college tuition for other family members
- Expenses related to personal living (credit cards bills, home mortgages, car payments, student loans, etc.)
- Stock market/ investment losses
- Bankruptcy
- Loss or reduction of income in 2017 **less than** 7% of total income earned in 2016
- Inability to fund the gap in the cost of education minus financial aid when an applicable special circumstance does not exist

**FOR ALL CIRCUMSTANCES, SUBMIT THE FOLLOWING DOCUMENTATION**

- \* 2017 Federal Tax Transcripts Forms (including all schedules) for all persons whose income is reported on the FAFSA
- \* 2017 W2s for all persons whose income is reported on the FAFSA
- \* Narrative describing special circumstances request
- \* List of all household members (including parents of dependent students), their ages & college they will be attending (if applicable)

Check the reason for your request below and return this form along with **all requested documentation** to this office. Upon review of your form, the Student Financial Aid Office may request additional documentation.

Circumstance		Additional Required Documentation
<input type="checkbox"/>	Loss or reduction of income between 2016 & 2017 lasting more than 30 days & <b>greater than or equal to 7%</b> of total income earned in 2017 (Reductions of overtime pay <b>will not</b> be considered until the end of the 2017 tax year).	<ul style="list-style-type: none"> <li>• Documentation showing date of termination or letter from employer showing effective date of wage reduction.</li> <li>• Most recent paystubs showing Y-T-D wages earned for all persons whose income reported on the FAFSA.</li> <li>• Proof of unemployment compensation eligibility including total benefit amount</li> </ul>
<input type="checkbox"/>	Excessive unreimbursed medical &/or dental expenses	<ul style="list-style-type: none"> <li>• 2017 Schedule A</li> <li>• Copies of applicable medical / dental bills</li> </ul>
<input type="checkbox"/>	Divorce or legal separation	<ul style="list-style-type: none"> <li>• Copy of divorce or legal separation decree</li> </ul>
<input type="checkbox"/>	Death of a parent or spouse	<ul style="list-style-type: none"> <li>• Copy of death certificate or obituary</li> </ul>
<input type="checkbox"/>	Loss of <u>untaxed</u> income (child support, social security, etc)	<ul style="list-style-type: none"> <li>• Letter or court document stating start/end date &amp; amounts</li> </ul>
<input type="checkbox"/>	Other circumstances not included on this forms	<ul style="list-style-type: none"> <li>• Contact the Student Financial Aid Office</li> </ul>

**CERTIFICATION**

All of the information provided by me or any other person is true & complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that underestimating projected income could result in reduced eligibility, repayment of aid, or both. I further understand that purposefully giving false or misleading information may subject me to fines or other penalties. I understand that the decision made by the Student Financial Aid Office is **FINAL**.

**Student**  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent**  
Signature \_\_\_\_\_ Date \_\_\_\_\_