SPECIAL CIRCUMSTANCES APPEAL 2023-2024



Student's Name	Student's ID Number
Email Address (Student or Parent)	
Last 4 Digits of Student SSN (If ID Number Unknown)	
agree to notify Financial Aid if the circumstance described b	e, and correct to the best of my knowledge. Both parent and student below changes, if employment is obtained, or other sources of income nmittee will be emailed to the email address provided above.
Student's Signature	Date
Parent's Signature	Date
EXPLANATION OF SPECIAL CIRCUMSTANO	CES
 Please attach a separate written statement detailing the information that will help us better understand your pa 	e specifics of your circumstances and providing any pertinent irticular situation.
• You must submit a copy of 2022 IRS Tax Transcripts	for all requests.
• Please make sure to sign your written statement once of	completed.
This form will be incomplete if this information is not su	ubmitted.
SPECIAL CIRCUMSTANCES FOR CONSIDE (Check a response in each box)	RATION
Loss of Employment —You or your parent('s) income in 20.	22 will be less than earned in 2021: ☐ Yes ☐ No
Required Documentation	
 Last pay stub showing year to date earnings 	
 Termination notice from employer 	
 Signed statement of severance pay or unemple 	
Non-Recurring Income—You or your parent(s) received a comparent (s) received (s) recei	one-time lump sum payment in 2021: 🗌 Yes 🔲 No
Required Documentation	
 Documentation of one-time income including 	amount, type of income, and date of receipt
 Signed statement of how funds were spent, in 	vested or rolled over
Loss of Taxable/Untaxed Income	
—You or your parent received benefits in 2021 which have	ceased or been reduced in 2022: \square Yes \square No
Required Documentation	
 Documentation from agency stating total amo 	ount received in 2021, and termination date
 Documentation of 2022 updated amount 	
) separated or divorced after filing the FAFSA: \square Yes \square No
Required Documentation	
 2021 and 2022 W-2 wage statements for each 	·
 Divorce decree or separation agreement OR pr 	oof of separate residences/addresses
Office Use Only • Intake and Processing – Please Initial	and Date
Rec'd by: Date: Inputted in	Colleague by: Date:
Processed By: Date:	

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PROJECTED INCOME AND BENEFITS

January 1, 2023–December 31, 2023

	Parents	Student
Wages, Tips, Salary	\$	\$
Interest and/or Dividend Income	\$	\$
Business/Farm Income	\$	\$
Unemployment Compensation	\$	\$
Worker's Compensation	\$	\$
Pensions and/or Annuities	\$	\$
Severance Pay	\$	\$
Retirement Benefits	\$	\$
Disability Benefits	\$	\$
Social Security/SSI Benefits	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Welfare Benefits	\$	\$
Other (Attach Description)	\$	\$
Total of All Income	\$	\$

The Appeals Committee will meet to consider your application and you will be advised of the committee's decision by email to the address provided on page 1 of this form.

Internal Use Only	
Committee Review Date	_Approved
Deny	Additional Information Request