

2024-25 Special Circumstance Request – Dependent

Student Name: _____ **Student ID:** _____

Submitting an appeal does not guarantee an adjustment will be made to your financial aid package.

Special consideration may be available if your family's current financial situation is not accurately reflected by the 2022 tax information reported on your FAFSA. You must submit a signed detailed letter explaining the situation and required documentation as outlined below. All documents must be completed and received before the Special Circumstance Committee will review the request. **Please use black or blue ink.**

Checklist for ALL appeals:

- Parent(s) 2023 Federal Tax Return (signed) and Schedules 1-3 (if applicable)
- Copy of parent(s) 2023 W2s
- Signed letter detailing circumstance
- Parent(s) most recent paystub(s)

Section A: Criteria for Consideration *Check all circumstances you would like to be considered and submit required documentation. The documentation listed below is not an inclusive list. Additional information may be requested on a case-by-case basis.*

<input type="checkbox"/> Death of parent Name of Deceased: _____ Date of death: ____/____/____ <ul style="list-style-type: none"> • Copy of Death Certificate or Obituary • Copy of parent(s) 2022 Federal Tax Return (signed) and Schedules 1-3 (if applicable) • Copy of parent(s) 2022 W2s
<input type="checkbox"/> Parent divorce/separation Date of divorce/separation: ____/____/____ Name of parent who will provide more than half of your financial support: _____ Number in named parent's family: _____ (include student, parent, any other dependent children, and other people living with the parent) <ul style="list-style-type: none"> • Copy of Divorce Decree or letter from attorney OR proof of separate residences <ul style="list-style-type: none"> ▪ utility bills, mortgage statements, rental agreement etc. • Copy of parent(s) 2022 Federal Tax Return (signed) and Schedules 1-3 (if applicable) • Copy of parent(s) 2022 W2s
<input type="checkbox"/> Parent is retired, unemployed for at least 8 weeks, or has a change in employment resulting in an income reduction Relationship: _____ Date: ____/____/____ <ul style="list-style-type: none"> • Unemployment Documentation (if applicable) • Documentation of situation
<input type="checkbox"/> Loss of benefits, such as unemployment, disability, social security, veterans, child support, or alimony Relationship: _____ Date: ____/____/____ <ul style="list-style-type: none"> • Documentation of situation
<input type="checkbox"/> Non-recurring payments received during the FAFSA tax year will not be repeated Type of Income: _____ Date: ____/____/____ <ul style="list-style-type: none"> • Documentation of situation

