

Student Name _____

Student ID _____

Special Circumstances – Check all that apply*

Income is or will be significantly less than what is reported on the FAFSA due to:

- Involuntary reduction in parent, student or spouse employment or unemployment** which will last at least 8 weeks
- Layoff/Termination - Effective Date** _____
- Must be able to provide documentation from employer of the last date of employment
 - Must be able to provide the last pay stub from the employer
 - Must be able to provide documentation or include in statement any severance paid/received
- Employment Closure - Name of Business** _____
- Must be able to attach documentation of closure
- New employment with lower wages - Effective Date** _____
- Must be able to provide documentation from prior employer of the last date of employment
 - Must be able to provide last pay stub from prior employer
 - Must be able to provide documentation from current employer of date your employment began
- Loss of taxable income**
- Please specify the type/source/date of loss (i.e. unemployment benefits, alimony, etc.):** _____
- Must be able to provide official documentation detailing agency, amount, and end date
- Loss of untaxed income**
- Please specify the type/source/date of loss (i.e. child support, worker's comp, etc.):** _____
- Must be able to provide official documentation detailing agency, amount, and end date
- Death of spouse or parent - Date of death** _____
- Must be able to provide documentation for date (*Ex: death certificate or obituary*)
- Divorce or legal separation - Date of divorce or legal separation** _____
- Must be able to provide documentation of the date (*Ex: divorce decree, court order, statement from attorney*)
 - Must be able to provide documentation of expected child and or/spousal support payments, if any
- One-time income (i.e. inheritance, moving expense allowance, lump sum retirement or IRA distribution.)**
- Must be able to provide documentation that identifies the source and amount of income
- Other extenuating circumstance (i.e. Cost of Attendance adjustment, etc.)**
- Please specify the nature of your request:** _____

SIGNATURE CERTIFICATION – by signing below (handwritten or stylus signatures required – typed will not be accepted),

- I agree to provide further documentation to substantiate the information provided, if requested.
- I understand that submission of an appeal does not guarantee a change in financial aid eligibility.
- I will not wait for the outcome of this appeal to pay my bill.
- I understand that the appeal does not prevent the accrual of late fees.
- All the information on this form is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____