By completing this form, you are certifying that there has been a significant change to the financial situation of your family since filing your 2015-16 FAFSA that is not already reflected on your application. Please identify the reason for your appeal from the following list and attach the appropriate documentation identified for your condition.

Reason(s) for Special Circumstances Appeal
Select the reason for your Special Circumstances Appeal. Please include a letter detailing your situation, along with the appropriate documentation for the specific circumstances as noted in the instructions.

- Death of Parent or Spouse – During 2014 or 2015, a parent/spouse passed away. Please provide a copy of the death certificate or obituary, and statement of all benefits received as a result of death, ie. life insurance proceeds, pension, etc.

- Divorce or Separation – During 2014 or 2015, you/your parents have become divorced or separated. Please provide a court order, official document, or signed statement from your parents confirming date of separation or divorce.

- Involuntary Loss of Employment – If dependent, your parent(s) must be unemployed for a period of at least 10 weeks before submission of this form. If independent, you must be unemployed for at least 10 weeks. Please provide:
  A. Separation letter from employer indicating last date of employment;
  B. Determination of eligibility for Unemployment Benefits and a copy of that determination notice which must include the weekly benefit amount and total weeks of eligibility;
  C. Documentation of severance pay package;
  D. Copy of last paystub; and
  E. A projection of your expected 2015 income outlined by month from January-December.

- Unusually High Out-of-Pocket Medical and/or Dental Expenses – You/your parent(s) paid medical or dental expenses that are not covered by any of your health insurance plans in 2014. Submit Schedule A of 2014 federal income tax return documenting the expense. If no Schedule A was filed, submit photocopies of paid receipts with an itemized listing of all expenses paid that were not covered by insurance.

Additional Information Required For All Filers
(If you have previously been selected for Verification and already submitted these forms, we need item B only.)

- A 2015-16 Dependent Verification Form, found on our website;
- Signed Copies of Parent and Student 2014 Federal Taxes with Schedules; and
- Parent and Student W-2 Forms.

I/We certify that the data contained on this form, and on all attached supporting documentation, is true and complete to the best of our knowledge. I/We acknowledge that submission of an appeal does not guarantee an adjustment to the student’s financial aid award. I/We understand that payment arrangements must be in place for the bill to be paid on time, and I/We will not wait for the appeal decision. I/We agree to immediately notify the Financial Aid Office in writing if any of our projections change.

Student Signature ____________________________ Date______________________
Spouse Signature ____________________________ Date______________________
Parent Signature ____________________________ Date______________________