

STUDENT NAME _____

ID NUMBER _____

Students, parents, and stepparents may use this form to request an appeal of student aid eligibility because of extenuating circumstances not addressed on the student's 2023-2024 Free Application for Federal Student Aid (FAFSA).

Appeal Policies:

- Your request will not be considered without supporting documentation and required signatures.
- Appeals and supporting documents should not exceed 20 pages in length.
- Appeals may not result in additional financial aid but all documentation will be thoroughly reviewed.
- Appeals will only be considered once and will not carry over to future years.
- Student loan funds are considered available financial aid in determining the outcome of an appeal, whether or not a student chooses to utilize those funds.
- Per federal regulation, FAFSAs selected for verification must be verified before special circumstances can be considered.

Situations that **will not be considered for appeal include:** car payments, consumer/credit card debt, high mortgage payments, matching other college/university offers, weddings, vacations, inability to liquidate assets, other discretionary costs.

2022 or 2023 INVOLUNTARY REDUCTION OF INCOME (January 1st - December 31st)

(Continuing unemployment or a significant reduction of income since filing the 2021 Tax Return)

Must provide the following documentation:

- 2022 W-2s and/or 2023 year-to-date pay stub
- 2022 Tax Return Transcript (Request at irs.gov/transcript)
 - Do not include state tax returns
- 2023 Documentation of unemployment benefits
- Letter of explanation detailing your loss of income

	Parent's or Student's Name	Parent's or Student's Spouse's Name
Estimated total gross income from work Include year-to-date pay and estimated future earnings	\$	\$
Other Taxable Income Alimony, dividend/interest income, unemployment compensation, investment	\$	\$
Nontaxable Income Pensions, annuities, TANF, or child support received	\$	\$

UNUSUAL MEDICAL and/or DENTAL EXPENSES incurred in the past 12 months totaling more than 5% of the family's total income.

(Bills that are not covered by insurance)

Must provide the following documentation:

- Itemized list of out-of-pocket expenses not covered by insurance not including monthly premiums.
- Letter of explanation detailing your paid and/or projected expenses
- Copy of your most recent statement(s)

	Paid	Projected
Out-of-pocket medical expenses (if applicable)	\$	\$
Out-of-pocket dental expenses (if applicable)	\$	\$

PRIVATE ELEMENTARY, MIDDLE or HIGH SCHOOL TUITION

(Tuition expenses incurred by dependent children that are attending private school during 2023-2024 academic year)

Must attach a letter of explanation, including the following:

- Copy of tuition bill, annual agreement, or contract
- Amount of financial aid received from school (if applicable)

Name of private ELEMENTARY, MIDDLE, OR HIGH SCHOOL	Name of Student(s)	Tuition Amount(s)

2021 ONE TIME INCREASE IN ADJUSTED GROSS INCOME (AGI)

(Including one time increase of IRA distributions, pensions, or rollover)

Must attach a letter of explanation, including the following:

- Please indicate rollover amount on signed 2021 Tax Return Transcript
- 2022 Tax Return Transcript. This can be ordered online at irs.gov/transcript
 - Explanation of how the 2021 increase in AGI was used

2023 EXTENDED FAMILY SUPPORT (Jan. 1st – Dec. 31st)**Must attach a letter of explanation, including the following:**

- Monthly out of pocket expenses paid towards the care of an extended family member
- Name, age, relationship of relative(s) and month the support began/expected date support will end

LOSS/REDUCTION OF CHILD SUPPORT RECEIVED**Must attach a letter of explanation, including the following:**

- Name and age of each child with the last date and the last amount of child support received
- Copy of child support agreement indicating end date of child support

DIVORCE – SEPARATION – DEATH OF SPOUSE or PARENT**Must provide the following documentation:**

- Letter of explanation including the following information:
 - Date of divorce, separation, or death of spouse or parent
 - If divorced or separated, provide the address of each parent/spouse
 - List of current household members, relationship, age
 - Monthly child support and alimony that will be received in 2023
- For the year of the divorce or separation, provide Tax Return Transcripts and W-2s
 - Do not include state tax returns
- Copy of separation or divorce court document **and** documentation of separate residences (e.g. copy of utility bills)

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. PROVIDING FALSE OR MISLEADING INFORMATION ON THIS FORM OR ITS ACCOMPANYING DOCUMENTATION MAY RESULT IN LOSS OF ELIGIBILITY, REPAYMENT OF AID, REFERRAL TO THE UNIVERSITY'S CONDUCT BOARD AND/OR THE FEDERAL OFFICE OF THE INSPECTOR GENERAL. I HAVE READ EACH SECTION, INCLUDING THE APPEAL POLICIES AT THE BEGINNING OF THIS FORM, AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT UNDERESTIMATING PROJECTED INCOME COULD RESULT IN REDUCED ELIGIBILITY AND/OR REPAYMENT OF AID AND/OR DENIAL OF FUTURE REVIEWS/APPEALS.

STUDENT NAME

STUDENT SIGNATURE, *required*

DATE

PARENT NAME

PARENT SIGNATURE, *for dependent students*

DATE