



## 2019–20 Special Circumstance Appeals Form

### I. Student Information

Last Name

First Name

Middle Initial

Student ID

Email Address

Home Phone Number

Cell Phone Number

If you, your spouse, or your parent's financial situation has changed significantly since you filed for financial aid, please complete this form and submit it to our office with the appropriate documentation pertinent to your situation. Information from this form, supporting documents that you provide, and data within your financial aid file will be used to determine if we can consider your request. Circumstances that may affect your or your family's financial condition include unusual medical expenses, death, separation/divorce, loss of benefits or support, loss of employment, or reduction in income.

### II. Instructions for Special Circumstance Appeals

Submit this form with supporting documentation relevant to your situation as listed below.

1. Attach a letter detailing the circumstance(s) upon which your appeal is being made. Include dates indicating when circumstance(s) occurred, such as when divorce became final or when you or a parent became unemployed.
2. Submit a completed 2019–2020 Verification Worksheet.
3. Submit copies of 2017 W-2 Forms for the student and both parents.
4. Complete and attach supporting documentation as requested in sections A, B, C, or D.
5. Sign the certification statement at the end of this form.
6. Additional documents may be requested pending the findings and/or the time of year.

#### Incomplete Special Circumstance Appeals will not be evaluated

Situations that warrant a Special Circumstance Appeal are listed in Sections A, B, C, and D.

\*\*\*Please mark appropriate check box to indicate your reasons for requesting an adjustment\*\*\*

#### Section A:

##### ☐ Unusual Medical Expense(s) (Only for expenses not covered by insurance)

Provide copy of Schedule A from 2017 federal tax return if deductions were itemized. **If deductions were not itemized**, complete table below and attach supporting statements detailing date expenses incurred, total amount charged, amount insurance **already** paid, and amount patient/family has **already** paid.

Medical Expense Table				
Name of patient	Date expenses incurred	Total medical charge	Amount insurance paid	Amount patient/family paid (not amount owed)
Example: John Doe	10/09	\$5,000	\$1,000	\$4,000
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total Amount of Medical Expenses Paid by Patient/Family				\$



**MORE**

## Section B:

### ☐ Divorce/Separation or Death

Provide copy of divorce decree, death certificate, or obituary.

## Section C:

### ☐ Loss of Benefits or Support

Submit letter from appropriate state or federal agency or other legal documentation specifying total amount of benefits or support received and termination date.

## Section D:

Loss/Reduction must be continuous for at least 10 weeks and be a minimum of 25 percent reduction to be considered.

### ☐ Job Loss:

1. Submit year-to-date earnings statement from all employers.
2. Submit letter from former employer(s) on company letterhead detailing employee's termination date, reason for separation, and specifying amount of payments or benefits that were/will be received due to the separation.
3. Complete income estimation table below; amounts should correspond to your documentation.

### ☐ Reduction in Income:

1. Submit letter from employer(s) on company letterhead detailing date reduction began and reason for reduction.
2. Submit copy of three most recent pay stubs from current employer, if employed.
3. Complete income estimation table below for the appropriate year. DO NOT LEAVE BLANK. Enter "0" IF NOT APPLICABLE.

2018 or 2019 Income Estimation Table	Source of 2018 or 2019 Income	Student	Spouse	Father or Stepfather	Mother or Stepmother
Annual 2018 or 2019 Earnings		\$	\$	\$	\$
*Other Taxable Income		\$	\$	\$	\$
**Nontaxable Income		\$	\$	\$	\$
<b>Total 2018 or 2019 Income:</b>		\$	\$	\$	\$

**\*Other Taxable Income** includes unemployment compensation, disability benefits, interest and dividend income, real estate income, capital gains/losses, alimony, pensions, and all other taxable income. (submit appropriate documentation)

**\*\*Nontaxable Income** includes TANF, Social Security benefits, child support, and all other nontaxable income.

## III. Certification and Signatures

By signing this worksheet, both the student and parent certify that all information reported is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, the U.S. Department of Education may pursue legal action leading to a fine and/or jail sentence.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## IV. Submission Methods: Choose one of the following:

**Email:** [finaid@cedarville.edu](mailto:finaid@cedarville.edu) (scan this form, save as a PDF, and send as an attachment)

**Mail:** Financial Aid, 251 N. Main St., Cedarville, OH 45314