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 2020-2021 Free Application for Federal Student Aid (FAFSA).

Appeal Policies:
- Appeals and supporting documents should not exceed 20 pages in length.
- Appeals will only be considered one time per semester.
- Students requesting an appeal are expected to borrow the student loans that are offered on the initial award.
- Appeals may not result in the addition of scholarships or grants but students may receive assistance in the form of additional student and/or parent loans.
- Appeals are determined on an annual basis and will not carry over to future years.
- Additional documentation may be requested before the results of your appeal can be determined.
- Changes resulting from this appeal do not guarantee an increase in gift aid.
- Please allow 15-20 business days for processing after all the required documentation has been received.
- Your request will not be considered without supporting documentation and required signatures.
- 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.

### 2019 or 2020 REDUCTION OF INCOME (January 1st - December 31st)
(Continuing unemployment or a significant reduction of income since filing the 2018 Tax Return)

Must provide the following documentation:
- 2019 W-2s and/or 2020 year-to-date pay stub
- 2019 Tax Return Transcript (Request at irs.gov/transcript)
- 2020 Documentation of unemployment benefits (if applicable)
- Letter of explanation detailing your loss of income

<table>
<thead>
<tr>
<th>Parent’s or Student’s Name</th>
<th>Parent’s or Student’s Spouse’s Name</th>
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</thead>
<tbody>
<tr>
<td>Estimated total gross income from work</td>
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<tr>
<td>Include year-to-date pay and estimated future earnings</td>
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<tr>
<td><strong>Other Taxable Income</strong></td>
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<td>Alimony, dividend/interest income, unemployment compensation, investment</td>
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<td><strong>Nontaxable income</strong></td>
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<td>Pensions, annuities, TANF, or child support received</td>
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### 2020 UNUSUAL MEDICAL and/or DENTAL EXPENSES (January 1st - December 31st)
(All bills paid by parent/student that are not covered by insurance)

Must provide the following documentation:
- An itemized list of expenses claimed
- Copy of your most recent statement(s)
- Letter of explanation detailing your paid and/or projected expenses

<table>
<thead>
<tr>
<th>Paid</th>
<th>Projected</th>
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<tbody>
<tr>
<td><strong>Out-of-pocket medical expenses (if applicable)</strong></td>
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<tr>
<td><strong>Out-of-pocket dental expenses (if applicable)</strong></td>
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</table>
PRIVATE ELEMENTARY, MIDDLE or HIGH SCHOOL TUITION
(Tuition expenses incurred by dependent children that are attending private school during 2020-2021 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)

<table>
<thead>
<tr>
<th>Name of private ELEMENTARY, MIDDLE, OR HIGH SCHOOL</th>
<th>Name of Student(s)</th>
<th>Tuition Amount(s)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

2018 ONE TIME INCREASE IN ADJUSTED GROSS INCOME
(Including one time increase of IRA distributions, pensions, or rollover)
Must attach a letter of explanation, including the following:
• 2018 Tax Return Transcript. This can be ordered online at irs.gov/transcript
  o Please indicate rollover amount on signed Tax Return Transcript
• Explanation of how the increase in AGI was used

2020 EXTENDED FAMILY SUPPORT (Jan. 1st – Dec. 31st)
(Monthly out of pocket expenses paid towards the care of an extended family member)
Must attach a letter of explanation, including the following:
• 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:
  o Date of divorce, separation, or death of spouse or parent
  o List current household members, relationship, age
  o Monthly child support and alimony that will be received in 2020 (if applicable)
• For the year of the divorce or separation, provide Tax Return Transcripts and W-2s
• Copy of separation or divorce court document or 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. 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