

## 2017-2018 APPEAL FORM FOR SPECIAL CIRCUMSTANCES

Student UCM ID \_\_\_\_\_

Student Full Name \_\_\_\_\_

Appeals for special circumstances will be considered after you receive your initial award letter for the 2017-2018 aid year. We recommend that you accept your current financial aid package as is. After reviewing your special circumstances documentation, your aid package may remain the same, be increased, or reduced based on the financial information that has been submitted. All students requesting special circumstances consideration will be verified, tax transcripts and other documents pertaining to the circumstances are required. Submitting an appeal for special circumstances does not guarantee an adjustment will be made to your aid package. Decisions are final and will be communicated directly to the student via e-mail.

**Special Circumstances for Consideration** - Please review and indicate which Special Circumstance applies to you. Documentation listed as **required (\*)** must be submitted along with this form to review your request. Additional documentation that helps support your appeal, even if not listed as required, can be submitted as well. **List your name and UCM ID number at the top of all submitted documents.**

### All requests must include:

\*Signed statement of special circumstances

\*2015 US Federal IRS Tax Transcript

\*2015 W-2 Wage statements

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation
<input type="radio"/> <b>Loss of Employment</b>	You or your parent(s)' income earned in 2017 will be less than what was earned in 2015.	Your (and/or your spouse's) income earned in 2017 will be less than what was earned in 2015.	* Unemployment Award Letter * Last pay stub showing year-to-date earnings * Termination notice from employer
<input type="radio"/> <b>Other Loss of Income or Extraordinary Expenses</b> * Alimony * Child Support * Retirement/Pension * Social Security (taxed) * Worker' Compensation * Medical/Dental	*You or your parent(s)' received benefits in 2015 which have ceased or been reduced in 2017.	*You (and/or your spouse) received benefits in 2015 which have ceased or been reduced in 2017.	* Original 2015 Benefit statement listing total amount received * Revised 2016 Benefit statement and/or court documents listing updated amount to receive and effective date and/or * Copy of insurance coverage * Copy of all medical bills
<input type="radio"/> <b>Separation or Divorce</b>	Your parents separated or divorced AFTER filing the financial aid application but no later than 12/31/2017.	You and your spouse separated or divorced AFTER filing the financial aid application but no later than 12/31/2017.	* Divorce decree or separation agreement or proof of separate addresses
<input type="radio"/> <b>Death of a Parent or Spouse</b>	A parent has died AFTER filing the financial aid application.	Your spouse has died AFTER filing the financial aid application.	* Death certificate
<input type="radio"/> <b>One time Payment Received</b>	Your parents received a one-time lump sum payment of monies in 2015.	You (and your spouse) received a one-time lump sum payment of monies in 2015.	* Documents detailing One Time Payment amount, source, reason

**Statement of Certification** - All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request may not ultimately result in actual change in financial aid.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature (if student is dependent)/Student's Spouse Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_